

Calhoun County Recreation Department

RECREATION PROGRAMS EVALUATION FORM

Calhoun County Recreation continuously strives to maintain high quality programs, so we asking you for your feedback. Please answer the following questions concerning the recreation programs which you or your child were enrolled in. Thank you!

Sport: _____ Session: Fall Winter Spring Summer

Age of Participant: 3-4 yrs 5-7 yrs 9-10 yrs 11-12 yrs Teen Adult

Coordinator (s):	Excellent	Good	Average	Fair	Poor
Knowledge of sport	5	4	3	2	1
Promotes participation	5	4	3	2	1
Promotes good sportsmanship	5	4	3	2	1
Communication	5	4	3	2	1

Coach (s):	Excellent	Good	Average	Fair	Poor
Knowledge of sport	5	4	3	2	1
Promotes participation	5	4	3	2	1
Promotes good sportsmanship	5	4	3	2	1
Communication	5	4	3	2	1

Additional Comments:

Program:	Excellent	Good	Average	Fair	Poor
Met Expectations	5	4	3	2	1
Fun and Enjoyable	5	4	3	2	1
Skills Development	5	4	3	2	1
Value for Money	5	4	3	2	1
Officials (Fair & Knowledgeable)	5	4	3	2	1

Additional Comments:

Facility (s):	Excellent	Good	Average	Fair	Poor
Appropriateness	5	4	3	2	1
Cleanliness	5	4	3	2	1
Maintenance	5	4	3	2	1
Value for Money	5	4	3	2	1
Field/Court Prep	5	4	3	2	1

Additional Comments:

Please return completed form to:

Mail: 304 Agnes St. Rm 103, St. Matthews, SC 29135

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