

Thank you for participating in the West Shore Recreation Summer Blast program. We are requesting your honest evaluation of the program so that we may consider your comments and suggestions when planning for next year. Thank you for your time and we hope that your child had an enjoyable experience this summer.

Instructions: **Circle the appropriate number from 1 - 5.**
 *If e-mailing, please type the number in the "Comments" section in place of circling the number.

THE ACTIVITY:		Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1.	The program was beneficial and enjoyed by my child. <i>Comments</i> _____	1	2	3	4	5
2.	The program was well organized. <i>Comments</i> _____	1	2	3	4	5
3.	The program was what I expected it to be. <i>Comments</i> _____	1	2	3	4	5
4.	The cost of the program was fair for the service offered. <i>Comments</i> _____	1	2	3	4	5
5.	The days and times the program was offered were suitable. <i>Comments</i> _____	1	2	3	4	5
6.	The program should be extended to 8 weeks. <i>Comments</i> _____	1	2	3	4	5
7.	The program would be recommended by me to others. <i>Comments</i> _____	1	2	3	4	5

THE COUNSELORS:		Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
8.	The counselors were well prepared. <i>Comments</i> _____	1	2	3	4	5
9.	The counselors interacted well with the children. <i>Comments</i> _____	1	2	3	4	5
10.	The counselors provided enthusiasm and encouragement. <i>Comments</i> _____	1	2	3	4	5
11.	The counselors were aware of safety precautions. <i>Comments</i> _____	1	2	3	4	5
12.	The student/counselor ratio was satisfactory. <i>Comments</i> _____	1	2	3	4	5
13.	The counselors would be recommended to return next year. <i>Comments</i> _____	1	2	3	4	5

ADDITIONAL COMMENTS _____

Name (optional) : _____

Please return your evaluation to Todd Miller at: E-mail: tmiller@wsrec.org Fax: 920-9518
 Mail: West Shore Recreation Commission
 704 Lisburn Road, Camp Hill, PA 17011

Thank you for your time! www.westshorerec.org