

CLASS EVALUATION

You're a valuable customer and we appreciate your patronage. To help us better serve you, please take a minute to give us your opinion and ideas. Return this form to the address listed above or submit by fax.

lass Name: Instructor:		Session Date:					
		E	xcellent	;	Satisfactory		Needs Improvement
How well do you feel City staff respond needs during the registration process		service					
How well does the City provide you wit recreation opportunities and program							
How well did this class meet your need	ls or expectations?						
How well was this instructor able to tea (knowledge/skills, well prepared, started							
How appropriate were the fees charge	d?						
Would you recommend this class to others? □ Yes □ No □ Unsure							
How do you prefer to register? □ Online □ In-Person □ By Fax □ By Mail							
Any additional comments or recommendations to improve this class or our service?							
Are there other programs you would like to see offered by the Recreation Division?							