



City of Pullman, Parks, Facilities, & Recreation

Pullman Recreation Center, 190 SE Crestview St, Bldg B, Pullman WA 99163
509-338-3227 recreation@pullman-wa.gov www.pullmanparksandrec.com

Class Evaluation Form

Pullman Parks, Facilities, & Recreation is striving to provide you with quality programs and excellent service. This evaluation form will help the teacher refine their abilities and lets our department know how we can better serve you. Thank you for taking a moment to complete this form.

Activity: _____

Date: _____

Instructor: _____

Please mark your response to the following questions. Feel free to add comments as necessary.

Quality of Course

- | | | <u>Comments</u> |
|---|--|-----------------|
| Would you recommend this course to a friend? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Was the course accurately described in the brochure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Was the course worth your time and money? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Was the course long enough to learn the subject matter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Instructor

- | | <u>Excellent</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Did the teacher encourage the class to get involved and participate in the direction of the course? | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| Did you feel free to ask questions? | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| Was the instructor well prepared for each class? | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| Did the instructor provide individual instruction? | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| Did the instructor have good knowledge of subject? | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

Recreation Department

- | | | <u>Comments</u> |
|--|--|-----------------|
| Was the facility clean? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Was staff friendly and helpful during registration? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Did you receive all pertinent information about class? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
- How did you learn about the class? Activity Guide Radio Friend Flyer Newspaper Web

Is there anything you would change about class?

Is there a class you would like to take that Pullman Parks, Facilities, & Recreation doesn't currently offer?
