



New Bern Park and Recreation Program Evaluation Report

Program Evaluation Forms must be completed and submitted to your immediate supervisor within 5 working days after the end of the program/event. Completion of his form will assist the department with continuing to provide quality programs. The information submitted on this form should be based on surveys, evaluations, and documented observations.

Date of Program: _____ **Program Title:** _____

Location: _____ **Instructor:** _____ **Total participants:** _____

Activity Type:

- Seasonal Program Event
 Facilitated Activity Self Directed Activity Contracted Activity
 Fee-based Non-Fee-based Cooperative Program Outreach

		Comments
Program held as scheduled day and time?	Yes/No	_____ _____ _____
Resources available in timely manner?	Yes/No	_____ _____ _____
Target demographic reached?	Yes/No	_____ _____ _____
Effective promotion of program/event?	Yes/No	_____ _____ _____
User fee feedback?	Yes/No	_____ _____ _____
Program/Event remained within budget	Yes/No	_____ _____ _____
Potential risks minimized?	Yes/No	_____ _____ _____

Provide a detailed explanation on whether the program was below, met, or exceeded the expectations based on the approved proposal. Provide detailed recommendations on whether the program/event should continue, be re-evaluated, or discontinued.

Signature _____ Date _____

Facility Manager Comments:

Signature _____ Date _____

Recreation Superintendent Comments:

Signature _____ Date _____

Overall Recommendation:

Signature _____ Date _____