

TOWN OF BEDFORD  
Parks & Recreation Department

**PROGRAM EVALUATION**

The Bedford Parks & Recreation Department is committed to offering quality programs and activities for the citizens of Bedford and surrounding Towns. Please take a few moments to complete this evaluation. Your thoughts, concerns, ideas and suggestions are important to us and to the future quality of our programs.

Please return it to the Parks & Recreation Department, 24 N. Amherst Road, Bedford, NH 03110.  
Fax: 472-4573 or e-mail it to [jobrien@bedfordnh.org](mailto:jobrien@bedfordnh.org)

PROGRAM ATTENDED: \_\_\_\_\_ DATES: \_\_\_\_\_

Did the class meet your expectations? \_\_\_ YES \_\_\_ NO

Was the class description clear/accurate as to actual class content? \_\_\_ YES \_\_\_ NO

Do you consider the instructor competent/well qualified to teach this class? \_\_\_ YES \_\_\_ NO

What did you like best about this class? \_\_\_\_\_

What did you like least about this class and/or what aspects of the class do you feel need improvement? \_\_\_\_\_

Would you recommend this class to others? \_\_\_ YES \_\_\_ NO

Was the fee appropriate? \_\_\_ YES \_\_\_ NO Length of class? \_\_\_ YES \_\_\_ NO

Time of day? \_\_\_ YES \_\_\_ NO

Was the front office staff helpful and knowledgeable? \_\_\_ YES \_\_\_ NO

How did you hear about this class? \_\_\_\_\_

Have you taken classes previously with our Department? \_\_\_ YES \_\_\_ NO

What classes would you like to see offered in 2014 through this Department? \_\_\_\_\_

Additional comments. \_\_\_\_\_

Name/Signature \_\_\_\_\_ E-mail address \_\_\_\_\_  
(optional) (Optional)

THANK YOU!