

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 or e-mail it to 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 2023 through this Department? _____

Additional comments. _____

Name/Signature _____ E-mail address _____
(optional) (Optional)

THANK YOU!

REV: 12-31-2022