

Program Evaluation During COVID 19

Name of Program _____

Location _____

Day of Program _____ Time _____

Instructor's Name _____

Please use the following scale to rate the program:

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Instructors attitude (<i>responsible, friendly, professional</i>)	1	2	3	4	5	N/A
Instructors knowledge	1	2	3	4	5	N/A
Equipment/supplies	1	2	3	4	5	N/A
Facility	1	2	3	4	5	N/A
Hygiene and cleaning	1	2	3	4	5	N/A
Overall program quality	1	2	3	4	5	N/A
Registration process	1	2	3	4	5	N/A

For ratings less than 3, please help us by providing an explanation on the back!

Did you feel safe and that all health and safe measures were taken? yes / no Please explain:

Did the program meet your expectations? yes / no Please explain:

Additional comments or suggestions: _____

Would you like us to contact you regarding your concern (s)?

Name: _____ Daytime Phone: _____

Please return Evaluation Form to Amanda Dean at amanda.dean@penticton.ca