



TOWN OF KINGSTON RECREATION DEPARTMENT

Reed Community House

33 A Summer Street • Drawer E • Kingston, Massachusetts 02364
(781) 585-0533 • Fax: (781) 585-0534

Program Evaluation

Instructor Name: _____

Date: _____

Name of Program: _____

1. Instructor Reliability

Please Circle One

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

2. Instructor Knowledge/ Skills

Please Circle One

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

3. Instructor Cooperation with Participants

Please Circle One

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

4. Facility Cleanliness/ Space Location

Please Circle One

(Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

Please Provide Any Additional Comments: _____

Ideas for Other Programs: _____

Do you know someone who is qualified to teach the program you suggested: _____

Name of Instructor: _____ Phone #: _____



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