

[Art Program Name] Evaluation

We'd like to hear from you! Please take a few moments to answer the following questions about the program, by rating your level of satisfaction with the services provided. Please use the back of this sheet if you need more room for comments. After completing this survey, please turn it in to the program staff. Thank you!

Child's Name: _____ Parent's Name: _____ Date: _____

excellent satisfactory poor

1.	My overall experience was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The customer service skills of the staff and volunteers were...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The sign in/sign out process is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The degree to which the program was functional and aligned with my needs was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The facility's overall appearance and condition was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The accessibility and comfort of the facilities were...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The educational arts components of the programming were...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The programs' age appropriateness was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The teacher's ability to keep the kids' attention was...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My child will never forget _____

The best part of the program was _____

Additional comments: _____