



CITY OF MARLBOROUGH RECREATION DEPARTMENT

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CLASS/PROGRAM EVALUATION FORM

The Marlborough Recreation Department strives to provide the best service to our customers, and we welcome comments that will help us achieve this goal and improve our services. Please assist us in evaluating and improving our program(s) and/or facilities by answering the questions below. Thank you for taking the time to complete this survey. Please return the completed form to MRD at the above address.

Class/Program Name: _____ Instructor's Name: _____

Facility/Location: _____

1. Have you ever participated in any of our programs before this? Yes No

2. Are you a Marlborough resident? Yes No **If no**, in which City do you reside? _____

3. How did you learn about the program(s)? *Please choose one:*

Newspaper Flyer Social Media Department Brochure/Activity Guide

Word-of-Mouth Website Other: _____

4. Which categories most influenced your decision to participate in the program(s)? *Choose all that apply:*

Convenient Time Instructor Reputation of Classes Not Offered Elsewhere

Quality of Facility Good Value Other: _____

5. How did we do? Please rate each of the following (circle one on each line):

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent N/A = Not Applicable

Customer Service 1 2 3 4 5 N/A Facility 1 2 3 4 5 N/A Equipment 1 2 3 4 5 N/A Instruction 1 2 3 4 5 N/A

Staff 1 2 3 4 5 N/A Overall Experience 1 2 3 4 5 N/A Met Expectations 1 2 3 4 5 N/A

6. Based on your experience, would you re-register for this program? Yes No

7. What did you like best about the program(s)? _____

8. What changes would you like to see made? Please be specific. _____

9. What other program(s) would you like to see offered? _____

10. Do you have any skills or talents that you could offer to the Department? _____