

# program evaluation

To help us improve our activities we need to know what your comments are. Please complete this survey and return it to the Rangers. Please tick more than one box if required.

Name of activity: \_\_\_\_\_

Date of activity: \_\_\_\_\_

1. What is your postcode? \_\_\_\_\_

2. Who have you visited the Park with today?

- |                            |                     |                            |                 |                            |       |
|----------------------------|---------------------|----------------------------|-----------------|----------------------------|-------|
| <input type="checkbox"/> 1 | By yourself         | <input type="checkbox"/> 4 | Preschool group | <input type="checkbox"/> 7 | Other |
| <input type="checkbox"/> 2 | Family / Friends    | <input type="checkbox"/> 5 | Birthday Party  | _____                      |       |
| <input type="checkbox"/> 3 | Vacation Care group | <input type="checkbox"/> 6 | School group    |                            |       |

3. Please indicate the number of participants in your group, for each age category

0-5 yrs \_\_\_\_\_1

6-8 yrs \_\_\_\_\_2

9-11 yrs \_\_\_\_\_3

12-18 yrs \_\_\_\_\_4

>18 yrs \_\_\_\_\_5

4. Have you participated in Ranger-guided activities at Centennial Parklands before? 1 Yes 2 No

5. How did you find out about this activity?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1 Mailed Brochure | <input type="checkbox"/> 5 Banner           | <input type="checkbox"/> 9 Radio (please specify)_____      |
| <input type="checkbox"/> 2 School          | <input type="checkbox"/> 6 Word of Mouth    | <input type="checkbox"/> 10 Newspaper (please specify)_____ |
| <input type="checkbox"/> 3 Library         | <input type="checkbox"/> 7 Internet         | <input type="checkbox"/> 11 Other_____                      |
| <input type="checkbox"/> 4 Rangers         | <input type="checkbox"/> 8 Brochure at Cafe |   |

6. Why did you come to this activity?

\_\_\_\_\_

7. How would you rate the activity you or your group has attended today?

- |                                  |                                 |                               |                                 |
|----------------------------------|---------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Great | <input type="checkbox"/> 2 Good | <input type="checkbox"/> 3 OK | <input type="checkbox"/> 4 Poor |
|----------------------------------|---------------------------------|-------------------------------|---------------------------------|

8. Any comments or suggestions?

\_\_\_\_\_  
\_\_\_\_\_

9. Please complete your details if you wish to be added to the mailing list to receive the Calendar of Events.

Title \_\_\_\_\_ Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

**Thank you for completing this survey**