



Claremont Human Services

1700 Danbury Rd.
Claremont, CA 91711
(909) 399-5494

<http://www.ci.claremont.ca.us/>

Office Use Only

Date Mailed: _____

Date Returned: _____

PARTICIPANT SURVEY FORM

Activity Name: _____ Activity Number _____

Instructor: _____ Date (s) _____

Thank you for participating in our recreational contract class program! Your comments are important to us, so please take a moment to complete this survey and **mail it back in the self addressed stamped envelope enclosed.**

1. How did you hear about the program? Brochure Newspaper Friend

2. How did you benefit from this program? Learned New Skill Increased Knowledge

Self Awareness Relaxation/Stress Release Improved Physical Fitness

Other (please explain) _____

3. Was the course accurately described in the brochure? Yes No

Comments _____

4. Did you enjoy the class? Yes No

Comments _____

5. Was class content and pace appropriate? Yes No

Comments _____

6. Were you satisfied with instructor's presentation of class? Yes No

Comments _____

7. Were class facilities adequate? Yes No

Comments _____

8. Was class size appropriate to course? Yes No

Comments _____

9. Would you recommend this class to a friend? Yes No

Comments _____

10. What other types of classes would you like to see offered? _____

11. Additional Comments? _____

12. Do you want to be contacted by a supervisor? Yes No

If yes, print your name, day and evening phone number and mailing address _____