

**Rogers Community-School Recreation Association  
Program Evaluation Form**

In our attempt to continually provide quality programs, we are asking for your comments and suggestions about the Youth Volleyball Program. Your feedback will allow us to evaluate the volleyball program and make changes where needed. Thank you for your assistance and cooperation.

**Program: Volleyball**

**Date:** \_\_\_\_\_

**Grade: 4 5 6 7**

Scale

1 = Poor

2 = Below Average

3 = Above Average

4 = Excellent

- |   | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1. How would you rate the current season?         | 1 | 2 | 3 | 4 |
| 2. Were the facilities adequate for this program? | 1 | 2 | 3 | 4 |
| 3. Were you satisfied with the instruction?       | 1 | 2 | 3 | 4 |

4. We are very excited about the growing interest of volleyball. We plan to continue offering volleyball as one of our programs. Would your child be more likely to participate again if we offered:

- a. An Instructional Program
- b. League play; Half the season practice as a group, half games
- c. League play only
- d. Other: \_\_\_\_\_

5. Please provide feedback on the department's level of communication to the public.

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6. Please provide us with any positive feedback you have of our youth volleyball program.

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7. Please list some suggestions to help us improve the program.

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**Parents: Please return this evaluation to your coach, to the front desk, or mail to the address below;  
RCSRA  
315 West Olive  
Rogers, AR 72756  
Fax: 479-621-1159**