

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 Wrestling Program. Your feedback will allow us to evaluate the program and make changes where needed. Thank you for your assistance and cooperation.

Program: Wrestling **Division:** _____ **Date:** _____ **Age:** _____

Scale: 1 = Poor 2 = Below Average 3 = Above Average 4 = Excellent

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| 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. How would you rate the current season coaching? | 1 | 2 | 3 | 4 |
| 4. How would you rate club communication? | 1 | 2 | 3 | 4 |
| 5. Was the uniform satisfactory? | 1 | 2 | 3 | 4 |

6. Our program held different days for practice giving parents the choice to pick what days to commit to practice. Please provide your comments on the practice schedule this season.

7. When planning for the season we try to arrange a travel schedule that allows participants to see different levels of competition. Please provide your comments on your child's travel schedule this season.

Parents: Please return completed 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**