

Hand in Hand Evaluation
Spring 2010

How did you hear about Hand in Hand?

Tri-Cities Website Flyers Another Program
Friends/Family Other _____

On a scale of 1-5 (1 being poor, 5 being excellent), how would you rate the Hand in Hand program in these specific areas? Please circle a number, and feel free to add any additional comments:

Enjoyment	1	2	3	4	5
Learning Experience	1	2	3	4	5
Program Format	1	2	3	4	5
Level of Enthusiasm	1	2	3	4	5
Relationship with Kids	1	2	3	4	5
Level of Organization	1	2	3	4	5
Quality of Instructors	1	2	3	4	5
Communication	1	2	3	4	5
Weekly Emails	1	2	3	4	5
Parent Involvement	1	2	3	4	5

What would be the best time for your child to participate in the Hand in Hand program?

Early Morning Afternoon Evening Other _____

Do you plan to register your child for the TCSA U6 Program?

YES NO

Would you recommend the Hand in Hand program to others?

YES NO

How would you rate your overall satisfaction with the Spring 2010 Hand in Hand Program?

Very Satisfied Generally Satisfied Dissatisfied Very Dissatisfied

Your feedback is *very* important to us in order to improve the Hand in Hand program each season. Please add any suggestions, changes, or additional comments you would like to bring to our attention.
