

OCE&R EVALUATION FORM

Orange Youth Sports

We are pleased that your child was a participant in our sports program. We are always working to enhance and improve these programs. Your feedback will help us to do so.

Sport:

- Football
 Soccer
 Basketball
 Volleyball
 Baseball/Softball

Season:

- Fall
 Winter
 Spring/Summer

Grade:

- Kindergarten
 1st
 2nd
 3rd
 4th
 5th
 6th

Gender:

- Male
 Female

How did you hear about this program?

- OCE&R Activity Brochure
 E-mail from orangeyouthsports@orangecsd.org
 OCE&R Website
 OCAA Website
 Flyer
 Other -

Please rate this program by checking your responses:

1 – Poor 2 – Okay 3 – Good 4 – Very Good 5 – Excellent

Quality of Instruction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Format (instruction, practices & games)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Registration Process	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Communication About the Program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Overall Experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Did you help coach this program?

- YES
 NO

If YES, how can we improve your experience as a volunteer coach?

If given the choice, which make-up of teams would you prefer: (please check one)

- Co-ed sports programs with the same ages together
 Same gender together with different ages

Are there other sports programs you would like to see offered for your child?

Please share any additional comments you may have:

Optional:

Name

E-mail

Phone

Thank you for your support and feedback.

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