|  |  |
| --- | --- |
|  | Senior Center Group Fitness Evaluation**Program Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Age \_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_** |

**Please select the answer that best describes your experience with this program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| I participate in this program frequently. |  |  |  |  |
| I would participate in this program again. |  |  |  |  |
| I believe this program is suitable for my age. |  |  |  |  |
| I would recommend this program to a friend. |  |  |  |  |
| I was treated with courtesy and respect. |  |  |  |  |
| I feel my level and/or knowledge of health and wellness has increased due to my participation in this program. |  |  |  |  |

**Please select the answer that best describes your experience with this program.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Average** | **Below Average** | **Poor** |
| How would you rate the planning/organization/preparation of the program? |  |  |  |  |  |
| How would you rate the registration process? |  |  |  |  |  |
| How would you rate the value of the program for the money? |  |  |  |  |  |
| How would you rate the quality of the facility and program space? |  |  |  |  |  |
| How would you rate the knowledge of the program instructor/leader? |  |  |  |  |  |
| How would you rate the overall quality of the program? |  |  |  |  |  |

**>** What did you like best about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**>** What could we do better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**>** How likely are you to participate in another Senior Center Program?

(Circle One) Definitely will participate Likely Possibly Not likely Definitely will not participate

**>** The best way to reach me is by (Circle One): HOME PHONE CELL PHONE TEXT EMAIL

**>** How did you hear about the program? (Circle One)

Friend Flyer Newspaper Ad Newspaper Community Calendar Radio Postcard Email Other

**Please use back of this form for any additional feedback or suggestions that will help us to determine the needs for our programs, Thank you!**