

**SOUTH RIDING PROPRIETARY
RECREATIONAL PROGRAM EVALUATION**

Program or Activity: _____
Instructor : _____
Date of Session: _____

This evaluation is intended to assist the Recreation Committee with the assessment of sports and recreational programming using facilities owned by the South Riding Proprietary. As a South Riding resident and program participant, your feedback is valuable to the Recreation Committee and may influence future programming.

Please indicate if you agree or disagree with the following statements.

1. The activity program began and ended on time.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

2. The activity was well organized.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

3. The activity was operated in a courteous and professional manner.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

4. The activity represents a good use of South Riding facilities.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

5. The cost of the activity was reasonable.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

6. To my knowledge, all participants were residents of South Riding.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

7. I would participate in this activity again.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

8. I would recommend this activity to others.
Strongly Agree Agree Neutral Disagree Strongly Disagree
5 4 3 2 1

Additional Comments: _____

Thank you for taking your time to participate in this survey. Your comments are greatly appreciated.

**Please e-mail the survey to djunkes@southriding.net, you can drop off completed evaluation to the
Town Hall, or fax to (703) 327-6116**