



Menomonee Falls Community Education & Recreation Department

Participant Evaluation Form

Program Name		Location	
Instructor		Day / Time	

Program met my expectations	
Course description was accurate (online or in brochure)	
I / my child enjoyed the class / program	
Instructor was well qualified	
Staff was helpful & responsive to my needs	
Facility was suitable for program	
Registration procedures were convenient	
I would recommend class to others	
Program fee was good value	

If child was participant, please ask for their comments	
What other classes / programs would you like to see offered?	
Any other comments / suggestions	

PARTICIPANT DEMOGRAPHICS				
Gender	Community	Age Range	Race	Household Income

Please fill out, print and mail or drop at our office
 Menomonee Falls Community Education &
 Recreation
 W152N8645 Margaret Road
 Menomonee Falls, WI 53051

OR
 If electronic file, fill out, save to your computer
 and send as a file attachment in an email to:
cerd@sdmf.k12.wi.us
 with "Evaluation Form" as subject