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Thank you for taking a moment to complete this brief evaluation. Please print a copy, fill out and return it via mail, email to nwottawarec@norarec.org or drop box at our office as soon as possible. Your input is valuable in making this program successful for your child.

Activity Child Participated In: _____ Date of Activity _____

Participant Name (optional): _____ Age & Grade _____ & _____

School Activity was held where?: _____

Name of Instructor (if known): _____

1. Was this experience positive or negative for both you and your child? Explain.

2. What did you like or dislike about the format of instruction?

3. What changes would you like to see in the future?

4. What would you like to remain the same?

5. Where/How did you hear about the program? (check all that apply)
 Brochure Newspaper Radio Website Friend School Teleprompters
 Other - Explain _____

6. What's the best way for our department to communicate upcoming events?

7. Would you like a follow up call? (List Phone # _____) If you would prefer that we respond via email, please list your email address here. (email _____)

8. Please share any other comments/suggestions that you may have and thank you again for your time.