

FOREST HILL RECREATION COUNCIL'S PROGRAM EVALUATION FORM for BASEBALL & SOFTBALL

PROGRAM: BASEBALL (Age Group _____) SOFTBALL (Age Group _____)
YOUR NAME (optional) _____ PHONE (optional) _____

RATING SCALE: (1 = VERY POOR ... 2 = POOR ... 3 = GOOD ... 4 = VERY GOOD ... 5 = EXCELLENT)

a. Overall performance of the Forest Hill Recreation Council	1	2	3	4	5
b. Overall experience for your child	1	2	3	4	5
c. Your child was taught the fundamentals of baseball or softball	1	2	3	4	5
d. Your child learned about sportsmanship	1	2	3	4	5
e. Your child had fun	1	2	3	4	5
f. Overall performance of your child's coaching staff	1	2	3	4	5
g. Your child's manager - Name (optional) _____	1	2	3	4	5
h. Your child's coach - Name (optional) _____	1	2	3	4	5
i. Your child's coach - Name (optional) _____	1	2	3	4	5
j. Overall performance of the Forest Hill umpires (if applicable)	1	2	3	4	5
k. Overall playing field conditions	1	2	3	4	5

l. What suggestions can you make that would improve the Forest Hill Baseball or Softball Programs? _____

m. Your comments: _____

If you wish to have someone contact you, please complete the following:

NAME _____ PHONE _____