

**Rogers Community-School Recreation Association
Program Evaluation Form**

In our attempt to continually provide quality programs, we are asking for your comments and suggestions about the Youth Soccer Program. Your feedback will allow us to evaluate the soccer program and make changes where needed. Thank you for your assistance and cooperation.

Program: Youth Soccer **League:** _____ **Gender:** _____ **Date:** _____

Scale

1 = Poor

2 = Below Average

3 = Above Average

4 = Excellent

-
- | | | | | |
|---|---|---|---|---|
| 1. How would you rate the current season? | 1 | 2 | 3 | 4 |
| 2. Was the uniform quality satisfactory? | 1 | 2 | 3 | 4 |
| 3. Many of our local rules are geared towards the specific ages in each league. Do you have any comments or concerns about the rules? | | | | |

4. When scheduling we try our best to schedule around school schedules and holidays. This normally affects the length of the season, the number of games, and the number of games played per week. We also strive to schedule weeknight activities so that the start/end times are age appropriate. Please provide your comments on your child's schedule this season.

5. Do you feel the amount of practice and the duration of practice per week and throughout the season were beneficial to your child's learning experience?

6. Please provide us with any positive feedback you have of our youth soccer program.

7. Please list some suggestions to help us improve the program.

**Parents: Please return completed evaluation to the Rogers Activity Center.
315 West Olive - Rogers, AR 72756
Fax: 479-621-1159**