

## 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 Softball Program. Your feedback will allow us to evaluate the program and make changes where needed. Thank you for your assistance and cooperation.

**Program: Softball**      **Division:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **Age:** \_\_\_\_\_

Scale: 1 = Poor      2 = Below Average      3 = Above Average      4 = Excellent

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|---|---|---|---|---|
| 1. How would you rate the current season?   | 1 | 2 | 3 | 4 |
| 2. Were the facilities adequate for this program?   | 1 | 2 | 3 | 4 |
| 3. Was the uniform quality satisfactory?  | 1 | 2 | 3 | 4 |
| 4. Many of our local rules are geared towards the specific ages in each league. Do you have any comments or concerns about the rules? |   |   |   |   |
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5. 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.

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6. This is the second year the Rogers Community School Recreation Association has scheduled an end of the season tournament. Please provide us with feedback regarding your feelings of this tournament.

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**Parents: Please return completed evaluation to your coach, to the front desk, or mail to the address below;**

**RCSRA  
315 West Olive  
Rogers, AR 72756  
Fax: 479-621-1159**