



INCLUSION PARENT/PARTICIPANT PROGRAM EVALUATION

WDSRA and our member park districts constantly strive to provide high quality programs and services. In order to do so, we need your input. Please complete this evaluation form and return it in the enclosed envelope. You may also share your feedback with us by completing this online. Simply to go to www.wdsra.com/inclusioninfo.htm. If you have any questions, please feel free to contact Tammy Kerrins, Manager of Inclusion.

Participant's Name _____ Season _____

Program _____ Park District _____

WDSRA Support Staff Name _____

1-Needs Improvement 2-Satisfactory 3-Good 4- Excellent

1. Overall Program Rating

Enjoyment of the Program	1	2	3	4
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2. Program Content

Program Content Met Expectations	1	2	3	4
Activities Were Appropriate	1	2	3	4

3. Leadership

WDSRA Staff Worked Effectively with Participant	1	2	3	4
WDSRA Staff Made Necessary Adaptations	1	2	3	4
WDSRA Staff Provided Appropriate Level of Communication	1	2	3	4
WDSRA Staff Were Prompt/Dependable	1	2	3	4
Park District Staff Worked Effectively with Participant	1	2	3	4
Park District Staff Were Supportive of Inclusion Process	1	2	3	4

Comments and Suggestions (Please use the back of the page if needed)

Thank you for taking the time to complete and return this evaluation...your opinion DOES matter.