



**FRANKLIN LAKES RECREATION AND PARKS DEPARTMENT**

1 Vichiconti Way  
Franklin Lakes, NJ 07417  
Phone (201) 847-8200  
Fax (201) 847-0719

**Recreation Program Evaluation Form**

Name: \_\_\_\_\_ Participants Name: \_\_\_\_\_  
Activity or Sport: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Activity Level or Team: \_\_\_\_\_ Participant's Age: \_\_\_\_\_

In an effort to better serve the community and to ensure the utmost quality of our programs, The Franklin Lakes Recreation and Parks Department would like for you to take a moment and assess the activity or sport in which you or your child participated.

**Grade Descriptions**

- 5= Excellent
- 4=Good
- 3=Satisfactory
- 2=Fair
- 1=Unacceptable

**(Please Circle)**

How was the registration process?	1	2	3	4	5
Were the times and locations convenient?	1	2	3	4	5
Do you believe you have received good value for your program fees?	1	2	3	4	5
How were your interactions with Recreation Department office staff?	1	2	3	4	5
How was your or your child's experience with their coach or coaches?	1	2	3	4	5
How would you rate the fields and facilities used for the program?	1	2	3	4	5
How would you rate the equipment provided by the Recreation Department for the program?	1	2	3	4	5

Can you share with us in the space provided any aspects of the program you liked best?

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Please list in the space provided any concerns you have about the program or any suggestions of ways we can improve the program.

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If you wish to elaborate on any of your answers above, please use the space below.

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**What is the best way for us to get information to you about our programs?  
(Please circle)**

Parks & Recreation Brochure

School Flyer

E-mail

Signs about town

Newspaper

Mail

Other:

**The Franklin Lakes Recreation and Parks Department appreciates all your thoughts regarding the programs, parks, and facilities we offer. Please use this space to make additional comments so we can serve you better:**

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