

**PARKS, RECREATION AND TOURISM DEPARTMENT
COMMUNITY SERVICES DIVISION**

EVALUATION OF YOUTH PROGRAM

PURPOSE: To give parents and observers in the program an opportunity to express ideas and feelings on the season. Honest feedback is appreciated and will be thoughtfully considered toward improving next year's program. Please return completed form to a Rock Hill PRT staff member or mail to Rock Hill PRT, PO Box 11706, Rock Hill, SC 29731-1706.

SPORT: YOUTH SOCCER **AGE DIVISION(circle one):** Kickers U8 U10 U12 U14

Please comment on your participants involvement in our program:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Involvement in the program increased self confidence				
2. Involvement in the program improved skills				
3. Involvement in the program promoted leadership				
4. Involvement in the program provided sense of challenge.				
5. Involvement in the program instilled pride in team/community				
6. Involvement in the program increased productivity at school and/or home				
7. Involvement in the program taught respect of others				
8. Involvement in the program promoted sportsmanship				

Please comment on the following areas of service:	Excellent	Very Satisfied	Satisfied	Unsatisfied
1. Parks, Recreation and Tourism Staff				
2. Team Coaches				
3. Game Officials				
4. Practice/Game Facilities				
5. Guidelines and Deadlines				

Would you like a follow-up call? ☐ Yes ☐ No

If yes, name and telephone number _____

Comments:

THANK YOU!