

## YMCA Program Survey

Please take a moment to answer the following questions. We value your comments and need the information to better our programs.

Program you/your child participated in: \_\_\_\_\_

1) What expectations did you have for the program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) What did your child have BEFORE the program began or child's previous skill level. \_\_\_\_\_

\_\_\_\_\_

3) What progress did your child make while attending the program? \_\_\_\_\_

\_\_\_\_\_

4) Would your child have participated in a similar type of program without the YMCA? \_\_\_\_\_

If so, where \_\_\_\_\_

5) Will your child participate in any similar program this year? \_\_\_\_\_

6) Do you feel the staff was prepared and cared about your child's progress? \_\_\_\_\_

If NO, please comment \_\_\_\_\_

7) Will you or your child participate in other YMCA programs? \_\_\_\_\_

If so, which program(s)? \_\_\_\_\_

8) What new information did you learn about the YMCA and/or YMCA programs? \_\_\_\_\_

\_\_\_\_\_

9) Would you recommend this program and the YMCA to others? \_\_\_\_\_

10) Child's age \_\_\_\_\_ Child's Gender \_\_\_\_\_ Child's Race \_\_\_\_\_

11) Comments and/or Suggestions: \_\_\_\_\_

\_\_\_\_\_

12) Please give your Name: \_\_\_\_\_ Number of Children enrolled \_\_\_\_\_

**Thank you for taking the time to fill out this survey and participating in this YMCA program**