



YMCA of Greater Cleveland
Sports Class or Program
Parent Survey

Please take a few minutes to answer the questions below. We appreciate your feedback. Each comment will help us to provide a positive experience for children in the future.

Which Class or Program did your child participate in? _____

Overall, how would you rate the YMCA Sports Class or Program?

Excellent Good Fair Poor

How would you rate the program on each of the following? (Please circle one X)

	Excellent	Good	Fair	Poor
Length of program session:	X	X	X	X
Length of program time:	X	X	X	X
Quality of program:	X	X	X	X
Overall staff quality:	X	X	X	X
Philosophy and goals:	X	X	X	X
Instruction:	X	X	X	X
Affordability:	X	X	X	X

Would you prefer other days and/or times? _____

What other sports would you like to have seen? _____

How did you hear about our program?

Brochure Flyer Word of Mouth Other _____

Did your child enjoy the program?

If you have comments about our program in general, please note them on the reverse side of the survey. Any and all comments will be helpful. Thank You!