

## Roanoke Parks and Recreation Recreation Facility Evaluation Form

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

In an effort to better serve the community and to ensure the utmost quality of our programs, Roanoke Parks and Recreation would like for you to take a moment and assess the facility you or your child visited.

### Grading Descriptions

- |                |  |
|----------------|--|
| 5=Excellent    | Program expectations were exceeded   |
| 4=Good         | Program expectations were met and sometimes exceeded                         |
| 3=Satisfactory | Program was adequate and expectations were met                               |
| 2=Fair         | Program often failed to meet expectations and could use improvement          |
| 1=Poor         | Program consistently failed to meet expectations and improvements are a must |

### Activity

- |   | Excellent |                          |   |                          |   |                          | Poor |                          |   |                          |     |                          |
|---|-----------|--------------------------|---|--------------------------|---|--------------------------|------|--------------------------|---|--------------------------|-----|--------------------------|
| - First Impression                        | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Safety                                  | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Cleanliness and Appearance              | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Size                                    | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Equipment                               | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Location                                | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Concessions at Pools or Athletic Fields | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - <b>Overall Facilities Grade</b>         | 5         | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2    | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

### Staff

- |   |   |                          |   |                          |   |                          |   |                          |   |                          |     |                          |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-----|--------------------------|
| - Staff/Instructors/Coaches were identifiable         | 5 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Staff/Instructors/Coaches were friendly and helpful | 5 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - Staff/Instructors/Coaches were knowledgeable        | 5 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| - <b>Overall Staff Grade</b>                          | 5 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

### Overall Rating

- How would you rate this facility overall?      5  4  3  2  1  N/A

### Optional Information

How did you learn about this facility?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PLAY Roanoke Magazine | <input type="checkbox"/> PLAYRoanoke.com | <input type="checkbox"/> Facebook, Twitter, Social Media |
| <input type="checkbox"/> Newspaper             | <input type="checkbox"/> Flyer           | <input type="checkbox"/> Radio                           |
| <input type="checkbox"/> Email                 | <input type="checkbox"/> Phonebook       | <input type="checkbox"/> Signage                         |
| <input type="checkbox"/> Previous Customer     | <input type="checkbox"/> Other: _____    | <input type="checkbox"/> Family, Friend                  |
|  |  | <input type="checkbox"/> TV                              |

Roanoke Parks and Recreation appreciates your concerns regarding the programs, parks and facilities we offer. Please use this space to make additional comments to help us serve you better.

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Where do you live?

- |  |   |   |                                |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Roanoke         | <input type="checkbox"/> Roanoke County | <input type="checkbox"/> Botetourt County | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Franklin County | <input type="checkbox"/> Craig County   | <input type="checkbox"/> Other: _____     |                                |

### Staff Follow-Up

I would like to receive more information and/or discuss my concerns with someone...

- |                                    |              |                                   |              |
|------------------------------------|--------------|-----------------------------------|--------------|
| <input type="checkbox"/> in person | Name: _____  | <input type="checkbox"/> by phone | Phone: _____ |
| <input type="checkbox"/> by email  | Email: _____ |                                   |              |