



2011 Traditional Staff Summer Playground Program Evaluation

Name of Playground: _____

Date: _____

All playground directors and assistants are asked to fill this form out completely and return it to the supervisors by **Friday, August 12**. Please be very thorough so that the report will serve as an information guide for future leaders. In answering the questions, please refer to your site (specific playground). Thanks!

1. Specific facilities used (Building, play area, water fountain and bathroom locations).

2. How adequate was your site? Were bathrooms easy to get to and from?

3. Where was the phone located?

4. What is the phone number?

5. What neighborhood facilities did you make use of (parks, beaches)?

6. What school or park equipment were you allowed to use this summer?

TV	Kitchen area
Overhead	Refrigerator or cooler?
VCR machine	Keys (Water, Lights, or other)
Opaque projector	Any other _____
Athletic equipment	_____

7. How was the cooperation of your:

A. Custodian _____

B. Secretary _____

8. What were some of the items that the custodian wanted you to look out for or pay special attention to at your site (no paint or chalk on grounds, lights must be kept on or off, doors that should not be opened or closed, rooms you should never use...) _____

STAFF MEETINGS

1. Any suggestions for improvement?
2. Were procedures communicated clearly?
3. Did you feel that decisions were made in enough time for rain outs?
4. Was the location and time OK?
5. Other Pros or Cons you wish to bring up?
6. Did you feel you had ample time to ask questions? Did you feel comfortable asking those questions? Why? Or why not?

STAFF INSERVICE

1. Any suggestions for improvement or general comments?
2. Do you feel that you had enough planning time to complete what was required?
3. Do you think that we should continue with making a small calendar for each site?
4. Do you think that you had enough time to learn games or to be refreshed on the games you forgot over the winter?
5. Do you think inservice should be longer?
6. Do you feel that you personally met the goals of what we set as a group, the goal of being a quality playground leader? We set these goals at inservice. What goals do you feel you still need to achieve?
7. What aspect of the job were you least prepared for?

8. How do you feel about the program at your specific site? Should it be offered again at your site?
9. Do you feel the Community Recreation Department is offering enough for the youngsters?

CARNIVALS

1. How did your carnival go this year? What special attractions did you have other than just the games?
2. Do you feel we should have a carnival inservice or was the information you received sufficient?
3. How much profit did you make? How did you spend it on your kids?
4. Any comments on prizes, games, soda or candy?
5. Where did you set up your carnival at your site? Did it work well in this spot?

LANTERN PARADE

1. Any general comments about this year's events and entertainment?
2. Did you have adequate time to get ready for the lantern parade?

GAMES AND CRAFTS

1. List some games that your children always want to play:
 1. 4.
 2. 5.
 3. 6.
2. List some crafts that you did this year so next year they are not repeated:
 1. 4.
 2. 5.
 3. 6.

11. All City Picnic:

12. Any ideas for a new trip for next year?

What hints or suggestions would you have for the leaders at your site next year?

Would you like to return to the playground program next summer?

Directors Name _____ Yes ___ No ___

Preferred site or position _____

Assistant Directors Name _____ Yes ___ No ___

Preferred site or position _____

Thank you very much for your hard work and dedication this past summer!