



South West District
for Culture,
Recreation & Sport

Program Coordinator Evaluation

2011-2012 WELLNESS WAGON

THE PROGRAM

List the locations in your community the programs were held?

Indicate how you advertised the programs.

Total # in Age Groups: _____ 5-12 _____ 13-19 _____ over 19 _____ seniors _____

Total # _____ male _____ female Total # of Participants for all Programs: _____

Were all the programs well received by the participants? Yes _____ No _____

Which ones were not?

Did you charge for any programs? Yes _____ No _____ If yes, how much? \$ _____

What was the reg. fee used for? _____

THE INSTRUCTOR(S)

of Wellness Wagon Programs Delivered: _____ # of Different Instructors Used: _____

Number of Instructors used: _____

Community Adult Instructor

Community Play Leader

Other: _____

Has your rec. board paid all your instructors? Yes _____ No _____

Indicate the total amount issued: _____ @ \$25.00 per program)

Were you satisfied with the quality of instructors? Yes _____ No _____

OVERALL EVALUATION

Would your community utilize this or similar programs again? Yes _____ No _____

Do you have any suggestions to make it easier to coordinate next year?

Wellness Wagon Coordinator Name: _____

Phone Number: _____ Fax: _____

Email Address: _____

Mailing Address: _____ Postal Code: _____

Do you wish the Wellness Wagon Coordinator honorarium? Yes _____ No _____

If no, do you wish to donate it to your Rec. Board? Yes _____ No _____

Signature: _____ Date: _____

Please mail/fax to: SWDCRS
#415 310 Main St. N., Moose Jaw, SK S6H 3K1
Fax: 694-7907 Phone: 694-7934

At the completion of all your WW programs, send all Wellness Wagon Instructor evaluations and your Coordinator evaluation forms in order to receive reimbursement

