



# Instructor Program Evaluation

## 2011-2012 WELLNESS WAGON

Name of Community: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_ # of Participants

# in Age Group \_\_\_\_ 5-12 \_\_\_\_ 13-19 \_\_\_\_ over 19 \_\_\_\_ seniors | \_\_\_\_ male \_\_\_\_ female

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a: \_\_\_\_\_

Local Instructor: \_\_\_\_\_

Play Leader: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever been a Wellness Wagon instructor before? Yes \_\_\_\_ No \_\_\_\_

Was the program well received by the participants? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_

Was the Program Coordinator helpful? Explain: \_\_\_\_\_

Who advertised? \_\_\_\_\_

Instructor: \_\_\_\_\_

Wellness Wagon Coordinator: \_\_\_\_\_

Any comments or suggestions for the Wellness Wagon program: \_\_\_\_\_

Instructors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This evaluation must be completed and submitted to your Wellness Wagon Community Coordinator. Honourariums' will be issued from your local recreation board\**

