

Carlisle Recreation Evaluation and Feedback Form

In order to better serve the community we would like to hear your ideas, comments and criticisms. Please take a moment and let us know how well we are doing.

(Please circle all that apply):

1. I participate in programs in
Spring Summer Fall Winter

2. Days & times of programs I am interested in are:
Ideal Manageable Impossible

3. The location where my activity is held is:
Ideal Adequate Should be better

4. The Recreation staff is:
Helpful & Polite Needs Improvement

5. The Instructor of my class was:
Excellent Very Good Not so good

Specific comments towards improvement:

(Optional): I may be reached at _____.

Please Return to: Carlisle Recreation
66 Westford St.
Carlisle, Ma 01741