

UCI Campus Recreation's Team Up! Program

Evaluation form for group coordinators

We feel that feedback is a crucial component in continually improving our programs. As the person who made the arrangements for your group's challenge session, your feedback is especially important to us.

Your Name:

Group:

Program Date:

- 1) Overall, how well did this program meet your expectations?
- | | | | | | | |
|---------------------|-----------------|------------|--------------|------------------|---|---|
| <i>far exceeded</i> | <i>exceeded</i> | <i>met</i> | <i>below</i> | <i>far below</i> | | |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Please explain:

- 2) What did you particularly like or dislike about the program?

- 3) Would you recommend this program to others?
- | | | | | | | |
|-----------------|-------------------|--------------|-----------------------|---|---|---|
| <i>strongly</i> | <i>definitely</i> | <i>maybe</i> | <i>definitely not</i> | | | |
| 7 | 6 | 5 | 4 | 3 | 2 | 1 |

Why or why not? *If yes, may we use your name and quote your recommendation?*

- 4) Please tell us what you think of our facilitators.

Please comment on any ratings of "3" or less.

	<i>excellent</i>		<i>fair</i>		<i>terrible</i>		<u>comments</u>
	7	6	5	4	3	2	1
Overall impression of our facilitators	7	6	5	4	3	2	1
Clarity of instruction	7	6	5	4	3	2	1
Processing skills (facilitating discussion)	7	6	5	4	3	2	1
Ability to help relate experiences to other settings (workplace, classroom, everyday life)	7	6	5	4	3	2	1

Additional comments about facilitators:

- 5) Do you have any other suggestions or general feedback about the program?

- 6) How did you come across Team Up? (Please circle one)

Word of mouth (friend or family)

Yelp Search

Google search

Word of mouth (professional acquaintance)

Advertisement/Marketing material

Have attended the course in the past

UCI Alumni