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?
   far exceeded               exceeded               met               below               far below
   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?
   strongly                     definitely               maybe             definitely not
   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.
   excellent         fair         terrible     comments
   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)
   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
   Advertisement/Marketing material
   Have attended the course in the past
   UCI Alumni