

## 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*