

BOAA Evaluation Form



Name _____

Date: _____

Please share with us a few things we could improve _____	
How do you get to the BOAA? Walking <input type="checkbox"/> Car <input type="checkbox"/> Car-pool <input type="checkbox"/> Service from BOAA <input type="checkbox"/>	
If you take the Service from BOAA, are you satisfied with the service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Overall are you satisfied how BOAA is performing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The BOAA team is: (Please check all that apply) Friendly? <input type="checkbox"/> Helpful? <input type="checkbox"/> Energetic? <input type="checkbox"/> Compassionate? <input type="checkbox"/> Knowledgeable? <input type="checkbox"/> Other:	
Is the BOAA facility: Clean <input type="checkbox"/> Safe <input type="checkbox"/> Accessible <input type="checkbox"/>	
Do you have any menu suggestion for the Tuesday lunch?	
The value of the meals is good? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The quality/ variety of events is good? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The quality/ variety of the programs is good? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The registration process is good? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any special event suggestions?	
Are you currently following BOAA on social media? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which social media platforms do you follow: Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> LinkedIn <input type="checkbox"/> Pinterest <input type="checkbox"/> YouTube <input type="checkbox"/>	
Are you currently a BOAA volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you marked "No", would you be interested in volunteering with us in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact Information (optional):

Phone: _____ email _____

Program Evaluation Form

Instructor: _____ Program _____

Why did you take this program: _____

Have you participated this program before? Yes No

Would you recommend this program? Yes No

Rating: 1= Requires significant improvements 5 = Excellent	
Overall the quality of the program is	1 2 3 4 5
The description of the program explains its content?	1 2 3 4 5
Did the program meet your expectations?	1 2 3 4 5
Comments for the program:	
Does the instructor present the material at a reasonable pace?	1 2 3 4 5
Comments for material:	
Is the instructor knowledgeable helpful/supportive, friendly?	1 2 3 4 5
Comments for instructor:	
Is the facility/room appropriate for the program	1 2 3 4 5
Comments for the room:	

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