

Eagle Rock Recreation Center

1100 Eagle Vista Dr., Los Angeles, CA 90041
(323) 257-6948 Fax (323) 254-3821

Community Needs Assessment Survey

We thank you in advance for your assistance in filling out this survey. The information that you provide to us will be kept completely confidential. Please return the completed form to the registration office or to any staff member.

Please mark the best response to each question below.

1) How would you describe your race or ethnicity?

- African American Latino (a) Caucasian
 Asian Native American Other

2) What is your Gender?

- Male Female

3) What is your Zip Code? _____

4) Do you have any of the following technologies in your home?. Please check all that apply

- Cable television Satellite Dish
 Personal Computer Internet Connection

5) How often do you visit the Recreation Center?

- Daily Once a week or more 2-3 Times a month
 Once a month Every 2-3 Months 2-3 Times a year

6) What is your primary reason for patronizing Eagle Rock Recreation Center? Please check all that apply

- Youth Classes Adult Classes Organized Team Sports
 Child Care Open Gym Other

7) The Recreation center staff is knowledgeable and professional. I ...

- Strongly Agree Somewhat Agree
 Neither Agree or Disagree Somewhat disagree Strongly Disagree

8) In thinking about your most recent experience with a Eagle Rock Recreation Center Staff member was the quality of customer service you received...

- Superior Very Satisfactory About Average
 Somewhat Unsatisfactory Very Poor

9) I feel like I have a good relationship with the Recreation Center Staff.

- Strongly Agree Somewhat Agree
 Neither Agree or Disagree Somewhat disagree Strongly Disagree

10) **Considering the value of the program you paid for, was it:**

- An exceptional value, worth more than you paid for it
- A good value, worth about what you paid for it.
- A poor value, worth less than you paid for it.

11) **Are there any programs that we are not offering that you would like to see offered?**

12) **What recommendations would you offer for improving our programs?**

13) **Overall I am very satisfied with the Recreation Center's Programs.**

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat disagree
- Strongly Disagree

14) **The Recreation Center is making a positive contribution to mine and my child's life.**

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat disagree
- Strongly Disagree

15) **Would you recommend Eagle Rock Recreation Center to others?**

- Definitely
- Probably
- Might or Might not
- Probably Not
- Definitely Not

16) **If asked, I would volunteer for park events or be a Park Advisory Board Member at Eagle Rock Recreation Center.**

- Definitely
- Most Likely Yes
- Maybe
- Most Likely no
- Definitely Not

If you would like to be contacted about becoming a volunteer or Park Advisory Board member please list your Name and Telephone # _____

17) **Are there any other comments about Eagle Rock Recreation Center you would like to add?**

We thank you for all your comments! Eagle Rock Recreation Center looks forward to serving you and your family for many years to come. Should you have any other comments, please feel free to contact the park office at (323) 257-6948.