

University of Ottawa Intramural Sports Evaluation

SPORT/LEVEL: _____ DAY: _____

SUPERVISOR: _____ TIME: _____

Please answer all of the questions truthfully and to the best of your ability, in order for the University of Ottawa intramural program to better serve you. This form shall remain anonymous.

PLEASE CIRCLE THE NUMBER WHICH BEST REFLECTS YOUR LEVEL OF SATISFACTION:

1- Very dissatisfied 2- Dissatisfied 3- More or less satisfied 4- Satisfied 5- Very satisfied

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|---|---|---|---|---|---|
| 1. The quality of equipment | 1 | 2 | 3 | 4 | 5 |
| 2. Scheduling of games | 1 | 2 | 3 | 4 | 5 |
| 3. Overall level of competition | 1 | 2 | 3 | 4 | 5 |
| 4. Communication with supervisor | 1 | 2 | 3 | 4 | 5 |
| 5. Overall organization of sport | 1 | 2 | 3 | 4 | 5 |
| 6. Quality of refereeing | 1 | 2 | 3 | 4 | 5 |
| 7. The way in which conflicts are handled | 1 | 2 | 3 | 4 | 5 |
| 8. Overall satisfaction with the program | 1 | 2 | 3 | 4 | 5 |

9. How do you feel that the intramural program at the University of Ottawa can be improved?

General Comments:

Thank you for your assistance!