

To: Leisure and Cultural Services Department
School Sports Programme Unit
Email address: applicationssp@lcsd.gov.hk
Fax No. 2684 9076

School Sports Programme - Let's Move@Preschool (幼動樂) Evaluation Questionnaire

(To be completed by the officer-in-charge of the school)

Thank you for your school's participation in the School Sports Programme - Let's Move@Preschool (幼動樂). You are cordially invited to complete this Questionnaire to offer valuable feedback on the Programme, with a view to helping our Department make sustained improvements in designing future activities.

Information on the activity:

Application No : _____
Type of Sport : Dancesport / Gymnastics / Mini-squash / Mini-tennis / Wushu / Table tennis / Football / Rugby / Handball
Activity : _____
Name of School : _____
Date of Activity : _____
Time of Activity : _____
Venue : _____
No. of Participants : _____

Please put "✓" in the boxes below and give comments:

- | | Disagree | Fair | Agree | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Communication between teachers and organizer
(Leisure and Cultural Services Department) | | | | |
| (a) Sufficient communication with organiser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Easy to contact officers-in-charge of organiser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Sufficient support by organiser | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Performance of instructor(s) | | | | |
| (a) Familiar with content of the activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Clear presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Able to enhance students' interests in the activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Content of the activity	Disagree	Fair	Agree	N/A
(a) Suitable duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Diverse content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Appropriate level of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Students offered with sufficient opportunities to take part	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Proper arrangements in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Use of teaching materials to enhance learning interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Students' understanding of the sport(s) enhanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. On the whole, what aspects of the activity are you most satisfied with?

5. Would you identify rooms for improvement with reference to the activity?

6. In addition to the above-mentioned nine sports, what other sports would you like to be covered by the Programme?

7. Please provide other feedback, if any:

8. Will you school still enrol in the future activity if a fee, say around \$1,000, is to be charged?

(a) Yes

(b) No (please specify reasons: _____)

Name of School:

Name and position of Officer-in-charge:

Telephone No.:

Thank you for your valuable comment.