



The City of River Oaks is creating a Comprehensive Park and Recreation System Plan to determine which recreational facilities and programs are needed in the future. We are seeking input from your household to help us determine the needs of our community. Please take this opportunity to talk with members of your household and take part in helping us identify park and recreation needs.

If you would like more information about River Oak Parks and Recreation facilities or programs and activities, please call us at (817) 626-5421 or visit our website at riveroaks@riveroakstx.com.

1. How many times in a given 30-day period did members of your household visit the following park or recreation facilities in River Oaks? (Please check a box for each line.)

	Never	Monthly	Bi-Weekly	Weekly	Daily
Lions Triangle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wooldridge Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McGee Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone Star J. R. Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River Oaks Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What would be the reason(s) that prevent you and your family from using the city park facilities or community center? (Please check all that apply.)

- ☐ Don't have park features/events I'm interested in
- ☐ Need transportation to get to parks
- ☐ Don't feel safe at parks
- ☐ Location
- ☐ Distance

- ☐ Disability
- ☐ Accessibility
- ☐ Age
- ☐ Other _____

3. How satisfied are you with the following (5 being extremely satisfied, 1 being extremely dissatisfied):

	1	2	3	4	5
Playground Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picnic Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skate Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How safe do you feel when visiting a city park? (Please check one.)

- ☐ Very Unsafe
- ☐ Unsafe
- ☐ Neutral
- ☐ Safe
- ☐ Very Safe

5. What types of programs are needed to serve people within your family? (Please check all that apply.)

- ☐ Parasports (Wheelchair Basketball)
- ☐ Outdoor adventure programs
- ☐ Music Therapy
- ☐ Arts & Crafts
- ☐ Social activities (dances or support groups)
- ☐ Volunteering
- ☐ Financial Literacy
- ☐ Technology Classes

- ☐ Medicare & Medicaid Benefits Classes
- ☐ Business & Entrepreneurial Programs
- ☐ GED Classes
- ☐ ESL
- ☐ Other _____

6. What are some barriers that keep you from participating in recreational programs sponsored by River Oaks? (Please check all that apply.)

- ☐ Does not offer activities I'm interested in
- ☐ Don't know what programs are offered
- ☐ Classes offered at inconvenient times
- ☐ Programs are too expensive
- ☐ Need childcare
- ☐ Safety and security are concerns
- ☐ Poor equipment or facilities
- ☐ Need transportation
- ☐ Other _____

7. What types of recreation programs would you and members of your household be most interested in participating in? (Please check all that apply.)

- ☐ Youth Sports
- ☐ Social Activities (dance, theater, music, etc.)
- ☐ Adult Sports
- ☐ Educational Classes
- ☐ Arts & Crafts
- ☐ Youth After-School Programs
- ☐ Family Activities
- ☐ E-sports
- ☐ Other _____

8. What would you like to see added to the parks in your neighborhood? (Check all that apply.)

- ☐ Small water playground with spray pool
- ☐ Basketball court
- ☐ T-ball

- ☐ Baseball
- ☐ Soccer
- ☐ Bike trail
- ☐ Walking path
- ☐ Play structures
- ☐ Other _____

9. Are there any other concerns or suggestions you would like to share about the parks and recreation opportunities in your community?

10. Please select your age group.

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ Above 64

11. What is your median household income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more

☐ Prefer not to say

12. Please check all that apply for your home:

☐ Minor children (under the age of 18) in the home and all parents work

☐ Minor children in the home and one parent stays at home

☐ Minor children in the home and all parents stay at home

☐ No children in the home and all adults work

☐ No children in the home and one or more adults stay at home

☐ Other _____

13. Do any members of your household have a disability as defined by the Americans with Disabilities Act (ADA)?

☐ Yes

☐ No

☐ Do not wish to answer

14. Please rank 1-6 which populations need more recreational opportunities in the City of River Oaks. (1 being the highest priority, 6 being the lowest priority)

- Adults _____
- Seniors _____
- Pre-school kids _____
- Youth _____
- Teens _____
- Families _____