

Instructor _____ Class _____

Quarter? (Circle one) Summer Fall Winter Spring

INSTRUCTOR

- | | | | | |
|--|-----|-----------|----|-----|
| 1. Was the Instructor friendly and welcoming? | Yes | Sometimes | No | N/A |
| 2. Did the Instructor conduct class in a safe manner? | Yes | Sometimes | No | N/A |
| 3. Does the Instructor begin and end class on time? | Yes | Sometimes | No | N/A |
| 4. Does the Instructor effectively use the audio equipment? | Yes | Sometimes | No | N/A |
| 5. Does the Instructor demonstrate modifications to exercises and poses? | Yes | Sometimes | No | N/A |
| 6. Was the Instructor motivating and/or inspirational? | Yes | Sometimes | No | N/A |
| 7. Does the Instructor effectively demonstrate and explain exercises and poses? | Yes | Sometimes | No | N/A |
| 8. Does the Instructor effectively cue the class from one exercise/pose to the next? | Yes | Sometimes | No | N/A |
| 9. Was the music that the Instructor used appropriate for the class? | Yes | Sometimes | No | N/A |
| 10. Does the Instructor correct student form during class? (i.e. verbally, physically or by modeling) | Yes | Sometimes | No | N/A |
| 11. Does the Instructor use a handout or supplemental materials? | Yes | Sometimes | No | N/A |
| 12. Does the Instructor remind students to work at levels that will help them achieve their fitness goals? | Yes | Sometimes | No | N/A |
| 13. Does the Instructor assist students in monitoring their heart rate? | Yes | Sometimes | No | N/A |
| 14. Would you take another class from this Instructor? | Yes | | No | |
| 15. How could this Instructor improve? _____ | | | | |

FACILITY & EQUIPMENT

- | | | | | |
|--|-----|-----------|----|-----|
| 1. Was the room clean? | Yes | Sometimes | No | N/A |
| 2. Was the equipment clean? | Yes | Sometimes | No | N/A |
| 3. Was the room appropriate for the class? | Yes | Sometimes | No | N/A |
| 4. Was there enough equipment for the class? | Yes | Sometimes | No | N/A |
| 5. What could be improved in the room to make this class better? _____ | | | | |

GENERAL

- | | | | | | |
|---|-----------|-------|------|------|--------|
| 1. How did you register for this class? | In Person | Phone | Mail | Fax | Online |
| 2. How would you rate this process? | Excellent | Good | Fair | Poor | |
| 3. What is your overall impression of this class? | Excellent | Good | Fair | Poor | |
| 4. What could we do better? _____ | | | | | |
| 5. What other classes would you like to take? _____ | | | | | |