

**Aquatics Department
Evaluation Form**



Dear Participants,
Please help us to improve our program by sharing your comments and/or opinions.

Participant Name: _____ **Date:** _____

Aquatic Activity Participating In: _____

Please rank your instructor in the following areas on a scale of 1-5.

- *1= Strongly Agree**
- *2= Mostly Agree**
- *3= Agree**
- *4= Disagree**
- *5= Strongly Disagree**

	1	2	3	4	5	N/A
Lap/Open Swim Times are convenient with my/my family's schedule						
Water Aerobics times are convenient with my/my family's schedule						
Facility Rental times are convenient with my/my family's schedule						
Facility hours are convenient with my/my family's schedule						
Costs associated with participation are reasonable						
Lifeguards/Staff are friendly and approachable						
Lifeguards/Staff are knowledgeable and are able to answer my questions						
Overall satisfaction with the facility and its programs						
I would recommend this facility and its programs to others						

Please describe your overall feelings about your class experience:

Please provide any additional comments or recommendations for new programming:
