

Bartlett Park District Swim Lesson Evaluation

Instructor: _____ Level: _____ Time: _____ Day: _____ Please Circle One: Group Semi-Private Private

Please take the time to evaluate the experiences you and your child have had during this session!!!

For the phrases directly below, please circle one answer.

SD=Strongly Disagree	D=Disagree	A=Agree	SA=Strongly Agree	I=Indifferent
Instructor(s) were knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor(s) were organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills were covered efficiently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program met your expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's class size was appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

For the phrases directly below, please check one answer.

- What was the primary goal for your child's participation?
- To develop skills and become a competitive swimmer
 - For fun, safety and recreational purposes
 - A little bit of both

Were the above expectations met? Please **explain**: _____

For the phrases directly below, please circle Yes or No.

Would you recommend the Bartlett Swim Academy to others?	Yes	No
Why or Why Not? _____		
Will you sign up for Swim Lessons again?	Yes	No
Why or Why Not? _____		
The time that the program was offered was appropriate?	Yes	No
Why or Why Not? _____		

Thank you for taking the time to fill out this survey.

