

Fitness Class Evaluation

Please take a moment to complete the following evaluation form

Date: _____ Instructor (if known): _____

Class: _____ Class Time: _____

Facility: _____

Contact Info (if you would like to be contacted): _____

Please rate this class using the following criteria:

	Poor				Excellent
Class Design/Format/Quality	1	2	3	4	5
Safety during the class	1	2	3	4	5
Instructor organized	1	2	3	4	5
Instructor punctual	1	2	3	4	5
Instructor approachable	1	2	3	4	5
Times of the class suitable	1	2	3	4	5
Class size comfortable	1	2	3	4	5
Music volume	1	2	3	4	5
Music selection	1	2	3	4	5

How would you rate the overall class?

Excellent Very Good Good Fair Needs Improvement

Comments:

Are there additional classes you would like to see offered or/ preferred times:

Please return this form to the front desk