

Exercise Class Participants Evaluation Form

Your Name (Optional) _____ Date _____

Instructor _____ Class _____

In order for the Community Recreation Department to do an improved job of programming, we would appreciate your honest feedback when reviewing the following evaluation. This will be shared with our staff and will be used to continually improve our classes.

Why did you choose this class? Scheduled time _____ Instructor _____ Style of class _____
Music _____ Other friends in class _____

Did you enjoy the class? Very much _____ Somewhat _____ Not at all _____
Please comment: _____

Has this class helped you to improve your overall level of fitness?
Very much _____ Somewhat _____ Not at all _____
Please comment:* _____

**Please consider-Progression and intensity of exercises/dances To Hard? To Easy? Just Right?*

How would you rate the instructor you had?
Outstanding _____ Good _____ Fair _____ Needs Improvement _____
Please comment:* _____

**Points to consider - Motivational? Organized? Punctual? Enthusiastic? Safety Conscious? Able to guide you through a smooth routine (cues) Knowledgeable?*

What did you enjoy MOST during the workout? List exercises or dances

What did you enjoy LEAST about the workout? List exercises or dances

What changes or improvements would you like to see in the program? Any ideas for new classes?

Are there any comments/concerns you have heard other people voice about our fitness or dance program?

Thank you for your time and thoughts. Please return this evaluation to your instructor or the Community Recreation Department, 607 South Water Street, Sheboygan, WI 53081.