



**Courtenay
Recreation**

Courtenay Recreation Program Evaluation

Program: _____

Date: _____ **Instructor name:** _____

In order to continue to provide you with excellent service we invite you to share your thoughts and suggestions with us.

Is this your first time taking this class/program?

Yes No

How did you register? **Online** **In Person** **Over the phone**

Did the instructor greet you? _____

Why did you choose this class/program?

Fun Time/Day Fitness Education Instructor Other: _____

Please rate the **CLASS** on the following items (tick box that applies):

1 (Poor) 2 3 (Neutral) 4 5 (Excellent)

1 2 3 4 5 N/A Comments:

Ease of Check-in on Ipad								
Design/format								
Times of the class suitable								
Class size comfortable								
Music volume								
Music selection								
Enough equipment for all (supplies)								
Location								

Please rate the **INSTRUCTOR** on the following items (tick box that applies):

1 (Poor) 2 3 (Neutral) 4 5 (Excellent)

1 2 3 4 5 N/A Comments:

Organization								
Punctuality								
Approachability								
Explanation of exercises/activities/knowledge								
Safety during the class								
Energy and enthusiasm								
Selection of moves & exercises/activities								
Easy to follow and see								
Overall instruction								

Did the class you attended meet your needs and expectations? **Yes** **No** If no, why? _____

Would you enroll in the class again? **Yes** **No** If no, why? _____

What improvements could be made to the class? _____

Do you have any programs you would like to see offered at Courtenay Recreation in the future? _____

Additional comments & suggestions: _____

Thank you for taking a few moments to give your feedback! Please return this form to the office at either the Lewis Centre or Filberg Centre.

For your chance to win a Courtenay Rec prize please provide your name & number! Draw takes place once per session. Name: _____ Phone: _____
