How Are We Doing?
Lesson Evaluation

Lesson Name/Level: ______________________
Times and Dates: ______________________

1. What was your overall level of satisfaction with the lesson?
   Excellent        Very Good        Good        Satisfactory        Needs Improvement

2. Was the lesson format effective for your child’s learning?
   Yes        No

3. Was the class size appropriate?
   Yes        No

4. How would you rate the quality of instruction?
   Excellent        Very Good        Good        Satisfactory        Needs Improvement

5. What qualities did you observe in the instructor? (Check all that apply)
   Knowledgeable        Enthusiastic        Safe        Punctual        Organized

6. Would you enroll your child in lessons again?
   Yes        No

7. Did your child’s physical skills improve?
   Yes        No

8. Did you observe a variety of activities?
   Yes        No

9. Did your child’s knowledge of water/skating safety improve?
   Yes        No

10. Would you recommend our lessons to others?
    Yes        No

10. How did you find out about the program?
    Active Living Guide       Poster      Radio        Television      Newspaper      Online
    School Newsletter         Brochure        Word of Mouth        Other __________________________

Please use the back page for any comments and suggestions 😊

Could we have your permission to use your comments as testimonials? Yes        No

Would you like a programmer to contact you regarding this evaluation? Yes        No

Name: ________________________________ Phone Number: ______________________

Email: ____________________________________________________________________

Best Time to Contact You: Morning        Afternoon        Evening        Via email

Thank you for taking the time to complete this evaluation. The RDN is always striving to provide quality programs, and your feedback will enable us to continue to do so. Please return this evaluation to Ravensong Aquatic Centre or Oceanside Place.