

H2O Fitness Class Evaluation Form

Name _____

Instructor's Name _____

Facility / Name of Class _____

Date and time you attended class _____

By filling out this evaluation form it helps H2o Fitness understand where we need to improve our courses for you. Also understand that the first week of class all classes may be a bit chaotic due to orientation for the deep water classes. Also students getting to the right class they registered for. The first week of class probably would not be a fair assessment of any class.

1. Was the instructor on time? ____Yes or ____No
2. Was the instructor dressed appropriately for class? ____Yes or ____No
3. Did you get a good workout? ____Yes or ____No
4. Were modifications or challenges given? ____Yes or ____No
5. Did he/she interact with the class? ____Yes or ____No
6. Did the instructor give clear demonstrations? ____Yes or ____No
7. Is the instructor approachable? ____Yes or ____No
8. Did the instructor motivate you? ____Yes or ____No
9. Is this a class you would recommend to anyone? ____Yes or ____No
10. If no please explain why: _____

Would you be interested in becoming a water aerobics instructor? ____Yes or ____No

Are there any types of water fitness classes that you would like to see added?

Any additional questions or concerns you have are greatly appreciated.

Thank you for your time.

Peggy Brower, Owner

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