

Aquatic Center Class Evaluation

In order to maintain and improve the quality of our classes, we would appreciate your feedback. Please complete this evaluation and return it to the Aquatic Center Front Office Manager at the conclusion of your class or mail it directly to our office.

Name _____ Date _____
(optional)

Course Title _____ Section Number _____

How did you find out about the Sacramento State Aquatic Center?

What was your overall impression of the Sacramento State Aquatic Center?

Was the administration helpful in getting you signed up for the class you wanted?

Who were your instructors?

Please rate their teaching ability.
 (outstanding, good, average, poor, etc.)
Teaching Ability/Any Other Comments

- Name
- a.
 - b.
 - c.

- a.
- b.
- c.

Were your instructors on time to teach class? Yes No

Were your instructors prepared to teach class? Yes No

Do you feel your instructors were qualified to teach the class? Yes No

Were you satisfied with the equipment used? Yes No
 If no, explain.

Now that you have learned a new skill, will you come to the Sacramento State Aquatic Center to rent the equipment?

Please make any other comments on the backside of this paper. We appreciate any suggestions you may have to help the Sacramento State Aquatic Center better our programs.