



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.