

ATHENS-CLARKE GYMNASTICS ACADEMY

705 Sunset Dr. ~ Athens, GA 30606

ARE WE POINTED IN THE RIGHT DIRECTION?

Our staff would enjoy knowing your thoughts and opinions regarding your involvement with our gymnastics program. As Gymnastics Professionals, we strive to teach your child the joys of movement. Let us know what is of importance to you. **YOUR FEEDBACK IS OFTEN DIRECTLY RESPONSIBLE FOR CHANGES MADE IN OUR PROGRAM!** Please let us know what's been on your mind!

* How did you first hear of our unique program? _____

* Which of the following motivated you to register with our program? Word of mouth? ___ Referral from a Friend? ___ Brochure? _____ Other _____

* Why did you choose our gymnastics program over others who offer a similar program?(Check all that apply)

Reputation ___ Convenient location ___ Reasonable cost ___ Outstanding facility ___

Convenient class times ___ Other _____

* How long have you been associated with our program? _____

Class Name: _____

Instructor's Name: _____ Class Day & Time: _____

Please evaluate our program on a scale of 1-5 (*WITH 5 BEING THE BEST*) in the following areas:

FACILITY

Cleanliness	1	2	3	4	5
Adequate Space	1	2	3	4	5
Noise	1	2	3	4	5
Equipment & Materials	1	2	3	4	5
Other _____	1	2	3	4	5

COURSE CONTENT

Structure	1	2	3	4	5
Skills Taught	1	2	3	4	5
Curriculum Used	1	2	3	4	5
Other _____	1	2	3	4	5

INSTRUCTOR

Appearance	1	2	3	4	5
Attendance & Punctuality	1	2	3	4	5
Knowledge of Subject	1	2	3	4	5
Discipline	1	2	3	4	5
Organization	1	2	3	4	5
Effective Communication	1	2	3	4	5
Other _____	1	2	3	4	5

OVERALL PROGRAM RATING 1 2 3 4 5

Suggestions or comments to help us make our program better for you _____
