



# City of Pullman, Pullman Aquatic & Fitness Center

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## Swim Instructor Evaluation Form

Class Name: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Class Time: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Please Mark the Number that corresponds to your opinion

Strongly Agree

Strongly Disagree

	1	2	3	4	5
Classes started on time	<input type="radio"/>				
Instructor was well prepared for the lessons	<input type="radio"/>				
Instructor interacted with children effectively	<input type="radio"/>				
Supervisors were available to address concerns	<input type="radio"/>				
Instructor was sensitive to your child's needs, concerns, and fears in the water	<input type="radio"/>				
Instructor was available to communicate with both children and parents when needed	<input type="radio"/>				
Instructor appeared enthusiastic and upbeat while teaching	<input type="radio"/>				
Equipment was available to each student (when applicable)	<input type="radio"/>				
I am pleased with my child's overall progress in lessons	<input type="radio"/>				
My child enjoyed the lesson	<input type="radio"/>				
The set up in the brochure was helpful when deciding on the correct level	<input type="radio"/>				

Child's Name (optional): \_\_\_\_\_ Parent's Name (Optional): \_\_\_\_\_

Additional Comments on the instructor or the lessons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We appreciate you taking the time to improve our swim lessons at the Pullman Aquatic Center!*