



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