



Swim Lesson Evaluation

East Bay Regional Park District Lifeguard Service
Roberts Pool

Level and/or Class Time: _____ End Date: _____

Student's Name: _____ Instructor's Name: _____

Dear Parents/Guardians and Students,

Please help us to improve our program by sharing your comments and/or opinions.

<p>Overall satisfaction with the program (including the registration process, class times, session dates, etc.) Comment:</p>	<p>Very Unsatisfied Very Satisfied ☹️ 😊</p>
	<p style="text-align: center;">1 2 3 4 5</p>
<p>The quality & enthusiasm of swim lesson instructors Comment:</p>	<p style="text-align: center;">1 2 3 4 5</p>
<p>The Instructor was prepared & knowledgeable Comment:</p>	<p style="text-align: center;">1 2 3 4 5</p>
<p>The Instructor communicated with me and/or my child clearly Comment:</p>	<p style="text-align: center;">1 2 3 4 5</p>
<p>I would recommend this program to others Comment:</p>	<p style="text-align: center;">Definitely Not Maybe Yes Definitely</p>
<p>Did you or your child receive a Campership scholarship in order to attend swim lessons this season?</p>	<p style="text-align: center;">Yes/No</p>
<p>If yes, how many more sessions are you registered for with the Campership scholarship?</p>	<p style="text-align: center;">Circle One: 1, 2, 3, 4</p>
<p>Do you still plan on attending those future lessons? If your answer is no, please explain why in the space provided below:</p>	<p style="text-align: center;">Yes/No</p>

Anything else you would like us to know? Please include additional comments on the reverse of this form.

Thank you for your feedback! We hope to see you again soon.