January 20, 2007

Thank you for attending the 2007 Acrobatic Gymnastics Super Clinic at Empire AcroGymnastics in Riverside, CA. As part of our effort to constantly improve our quality of clinics and programming, we look to our attendees to provide us with valuable feedback. Please take a moment to fill out this brief evaluation. Upon completion, please return the questionnaire via email or fax (317-237-5069) to the National Office. Your opinion is important to USA Gymnastics and we greatly appreciate any comments or suggestions you may offer.

Name (optional): ____________________________________________________________

Distance traveled: ___________ Miles

Transportation: _____ Drive _____ Fly

First time attendee: _____ Yes _____ No

Check the appropriate answer:

COST:

___ Good ___ Average ___ Poor

Comments (optional): ______________________________________________________

ORGANIZATION:

___ Good ___ Average ___ Poor

Comments (optional): ______________________________________________________

PRE-COMMUNICATION:

___ Good ___ Average ___ Poor

Comments (optional): ______________________________________________________

COMMUNICATION DURING THE EVENT:

___ Good ___ Average ___ Poor

Comments (optional): ______________________________________________________

LODGING:

___ Good ___ Average ___ Poor

Comments (optional): ______________________________________________________
QUALITY AND SPACE OF FACILITY:

___ Good  ___ Average  ___ Poor
Comments (optional): ____________________________________________________

OVERALL CLINICAN’S PERFORMANCE:

___ Good  ___ Average  ___ Poor
Comments (optional): ____________________________________________________

OVERALL EXPERIENCE OF CLINIC:

___ Good  ___ Average  ___ Poor
Comments (optional): ____________________________________________________

LIKELINESS TO PARTICIPATE IN A FUTURE SUPERCLINIC IN THE FUTURE:

___ Good  ___ Average  ___ Poor
Comments (optional): ____________________________________________________

Please rank the following clinic sessions on a likert scale from 1-3 (1= very helpful, 2= helpful, 3= not helpful, N/A= not applicable). Circle the appropriate number based on your experience in the session:

Coaches Sessions:
1 2 3 N/A From Pre-Team to Tryouts to Competition Season
1 2 3 N/A 10 Basic skills Including vocabulary, grips, basic positions
1 2 3 N/A Levels 4 - 8 Compulsory Routines & Skill Demonstrations
1 2 3 N/A Routine Composition
1 2 3 N/A Proper Body Positions on Basic and Complex Skills

Judge Sessions:
1 2 3 N/A Review Rulebook & Clarifications
1 2 3 N/A Review of Difficulty Book
1 2 3 N/A Tariff Sheets - Pairs
1 2 3 N/A Tariff Sheets – Groups
1 2 3 N/A Upgrading Judges Session
1 2 3 N/A New Judges Session
1 2 3 N/A Artistry – Discussion & Video Review
1 2 3 N/A Artistry – Practical Judging
1 2 3 N/A Artistry Discussion
1 2 3 N/A Execution – Discussion & Video Review
1 2 3 N/A Execution – Practical Judging
1 2 3 N/A Execution - Discussion
1 2 3 N/A Proper Body Positions on Basic and Complex Skills

Comments (optional): ____________________________________________________
Please rate the clinicians on a likert scale from 1-3 (1= very helpful, 2= helpful, 3= not helpful, N/A= not applicable). Circle the appropriate number based on your experience with the clinician.

1 2 3 N/A  Linda Ocmand
1 2 3 N/A  Jennifer Hess
1 2 3 N/A  Ivaylo Katsov
1 2 3 N/A  Sheri Reiakvam
1 2 3 N/A  Youri Vorobyev
1 2 3 N/A  Marie Annoson
1 2 3 N/A  Jurek Pol
1 2 3 N/A  Doug Boger
1 2 3 N/A  Bob Boswell (Trainer)

Comments (optional): ________________________________________________________________

_________________________________________________________________________________

Please answer each question with a short answer:

Was there any information that you feel should be included in next year’s Super Clinic, which was not included this year? ________________________________________________________________

________________________________________________________________________________

Was there any information that you feel should be eliminated for next year’s Super Clinic? ______________

________________________________________________________________________________

Please specify if there were any clinicians, coaches, etc. that you would like to see at next year’s Super Clinic: ________________________________________________________________

________________________________________________________________________________

A space has been provided below to provide any additional comments or suggestions in regards to the Super Clinic. Please feel free to add as little or much feedback as you wish. Your opinion is greatly valued:

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Again, thank you for your time in completing this evaluation for the 2007 Acrobatic Gymnastics Super Clinic. We sincerely hope you have enjoyed your time and each attendee was able to benefit from the seminars and presentations. Based on your comments and opinions, USA Gymnastics looks forward to providing you with continued educational opportunities in the future. Go Acro!