# SAMPLE GYMNASTICS PROGRAM SURVEY / EVALUATION

Dear Participant / Parents:

Please assist us by completing the following Survey of the Gymnastics programs. The information gathered from this survey will allow us to assess our programs and activities so that we may continue to improve our services.

<table>
<thead>
<tr>
<th>Class you / your child attended:</th>
<th>Age - if child:</th>
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Please rate the following statements on a scale of 1 to 5, (1 indicating poor, 5 meaning excellent rating). If you don't know (DK), or if any of the statements do not apply (NA), please indicate in the appropriate space. Poor (1) - Excellent (5) - Don't Know - NA

## A. STAFF / INSTRUCTOR

1. The staff is enthusiastic about the program and teaching.  
   1  2  3  4  5  DK NA ______

2. The staff is concerned about individual needs.  
   1  2  3  4  5  DK NA ______

3. The staff pays adequate attention to promptness and cleanliness.  
   1  2  3  4  5  DK NA ______

4. The staff is approachable and available on a regular basis.  
   1  2  3  4  5  DK NA ______

## B. PHYSICAL LAYOUT & EQUIPMENT

1. Facility/ equipment is arranged in such a way as to create a safe environment.  
   1  2  3  4  5  DK NA ______

2. There is an adequate amount of equipment to stimulate all ages.  
   1  2  3  4  5  DK NA ______

3. There is sufficient space for participants to work on all / any skill safely.  
   1  2  3  4  5  DK NA ______

4. The facilities and parking areas have sufficient lighting, heating, etc.  
   1  2  3  4  5  DK NA ______

## C. PROGRAM & CLASS CONTENT

1. The program is developmental in nature and conducive to learning new skills.  
   1  2  3  4  5  DK NA ______

2. There is an adequate amount of variety creating a fun and challenging environment.  
   1  2  3  4  5  DK NA ______

3. The participants seem to be constantly busy with activity.  
   1  2  3  4  5  DK NA ______

4. The participants are continuously learning new skills.  
   1  2  3  4  5  DK NA ______

5. Did you / your child learn a new skill during the activity?  
   YES  NO ______

## D. CHILDREN'S ATTITUDES (if a child participated in the activity)

1. Child talks in a positive manner about the program.  
   1  2  3  4  5  DK NA ______

2. Child looks forward to attending the class.  
   1  2  3  4  5  DK NA ______

3. Child talks favorably about the staff.  
   1  2  3  4  5  DK NA ______

4. The children are familiar with the rules of participation.  
   1  2  3  4  5  DK NA ______

## F. PARENT / PARTICIPANT'S COMMENTS

1. On a scale of 1 to 10, I would rate this program / activity:  
   1  2  3  4  5  6  7  8  9  10 ______

2. Did the program meet your expectations?  
   YES  NO ______

3. How many sessions have you / your child participated with us?  
   1  2  3  4  5  6  7  8  9  10+ ______

4. Would you recommend the activity to your friends?  
   YES  NO ______

5. What improvements would you recommend for the program?:

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**OPTIONAL:**

NAME:

ADDRESS:

PHONE: