January 28, 2008

Thank you for attending the 2008 Acrobatic Gymnastics Super Clinic at Olympic Dreamers Club in O’Fallon, MO. 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  Strength & Flexibility Conditioning
1    2    3   N/A  How to Perform a Proper Handstand (2-arm & 1-arm)
1    2    3   N/A  Stalder Press
1    2    3   N/A  How to Develop an Arch and Flag
1    2    3   N/A  Questions and Answers
1    2    3   N/A  Proper Body Positions on Basic and Complex Skills
1    2    3   N/A  Preparing for Competition (peaking, psychology, choreography)
1    2    3   N/A  Individual Skills
1    2    3   N/A  Dynamic Basics & Technique
1    2    3   N/A  Block Drills & 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
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 Ivaylo Katsov
1 2 3 N/A Sheri Reiakvam
1 2 3 N/A Nancy Davis
1 2 3 N/A Kari Duncan

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:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Again, thank you for your time in completing this evaluation for the 2008 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!