

Comment Card – INSTRUCTOR EVALUATION

Please help us maintain the highest level of group exercise programming by sharing your constructive feedback on the **class leader**.

Instructor Name: _____

Class Name: _____

Day of Week/Time of Class: _____

Date of Class Evaluated: _____

- | | |
|---|----------|
| Did the instructor begin and end class on time? | Yes / No |
| Did the instructor follow the class format advertised? | Yes / No |
| Could you hear & follow the instructor's verbal cues? | Yes / No |
| Were the instructor's demonstrations easy to understand & follow? | Yes / No |
| Did the instructor make modifications for various fitness levels? | Yes / No |
| Was the instructor energetic & motivating? | Yes / No |
| Could the instructor have better met your fitness goals? | Yes / No |

If so, please explain.

Comment Card – GROUP EXERCISE CLASS EVALUATION

Please help us maintain the highest level of group exercise programming by sharing your constructive feedback on the **program format**.

Class Name: _____

Day of Week/Time of Class: _____

Date of Class Evaluated: _____

- | | |
|--|----------|
| Did the class meet your expectations based on the description? | Yes / No |
| Was the class at the appropriate intensity for you? | Yes / No |
| <i>If not, please explain.</i> | |
| Was the music motivating & enjoyable? | Yes / No |
| Is there any way that the class could better meet your needs? | Yes / No |

If so, please explain.