

**Executive Health & Sports Center
Express Fitness
Group Exercise Class Evaluation**

I would appreciate a few minutes of your time in filling out this evaluation form. Your input is important to us in the development and improvement of our Group Exercise programs. Please leave the completed for either in the member suggestion card box or at the Member Services Desk in my mailbox. Thank you for your time.

Doreen Weiser
Regional Group Exercise Mgr.

Instructor _____ Time _____ M T W Th F S Su
Class name _____

Music: Just fine _____ loud _____ low _____ slow _____ fast _____

The following statements refer to the Instructor and how you perceive their ability to fulfill these tasks:

**On a scale of 1 thru 4 please circle the appropriate number.
1 being the lowest-4 the highest**

Introductions: greetings, expectations	1	2	3	4
Organized & ready to teach	1	2	3	4
Teaching for YOU & not his/her workout	1	2	3	4
Ability to give good directional & verbal cues	1	2	3	4
Ability to stay on beat/music when applicable	1	2	3	4
Exercises/movements are organized & easy to follow	1	2	3	4
Educational: verbal explanation of technique	1	2	3	4
Educational: correction of technique when needed	1	2	3	4
Offers exercise modifications	1	2	3	4
Concerned about safety & form	1	2	3	4
Friendly & gives individual attention when applicable	1	2	3	4
Motivational, energetic, smiling	1	2	3	4
Overall rating as a fitness professional	1	2	3	4

Personal preferences aside, do you feel that our instructors provide you with consistent instruction presented in a "fun", professional manner?

Do you feel that our instructors possess the technical knowledge & leadership skills to keep you informed of industry developments/research that might affect the quality of your workouts? _____

Any additional comments: instructors, classes that we may not currently offer that you would be interested in, etc. _____

Would you like for me to contact you?

Name _____ phone _____ e-mail _____