

**Swim Team
Program Evaluation Form**



Montclair YMCA
Aquatics Department

Group Name: _____ **Date:** _____

Day of Course: _____ **Time of Day:** _____

Please rate your Instructor Instructor's Name: _____

	Not Satisfied			Very Satisfied	
Friendliness / Enthusiasm	1	2	3	4	5
Keeps class active	1	2	3	4	5
Safety supervision	1	2	3	4	5
Started and ended on time	1	2	3	4	5
Well prepared	1	2	3	4	5
Overall	1	2	3	4	5

Please rate the Lifeguards and Aquatic Center

	Not Satisfied			Very Satisfied	
Alert and watching pool	1	2	3	4	5
Friendly towards customers	1	2	3	4	5
Cleanliness of Aquatic Center	1	2	3	4	5
Overall	1	2	3	4	5

Please rate the Facility

	Not Satisfied			Very Satisfied	
Registration Process	1	2	3	4	5
Friendliness of Guest Services	1	2	3	4	5
Cleanliness of Change rooms	1	2	3	4	5

Would you register for this program or a similar program again? Yes No

Comments Section

(Additional comments can be written on the back)
