



Ocean City Aquatic and Fitness Center
Swimming Lesson
Program Evaluation Form

Name and Phone number (optional) _____

Program Title: _____ Age of your child _____

Please rate your Instructor: **Instructor's Name:** _____

	Not Satisfied			Very Satisfied	
Friendliness / Enthusiasm	1	2	3	4	5
Kept class wet and active	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 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 Staff	1	2	3	4	5
Cleanliness of changing rooms	1	2	3	4	5

Would you register for this program again? Yes No
 Would you recommend this program to a friend? Yes No

Additional Comments: _____
