JCC Group Fitness Class Evaluation
Thank you for taking the time to complete this evaluation.
Your feedback is very important to us.

Class Name: ____________________________ Instructor: ____________________
Day/Date/Time of Class: ___________________________________________________

Personal Information:
Gender:  □ Male  □ Female
Age:  □ <20 □ 20-29 □ 30-34 □ 35-39 □ 40-49 □ 50-59 □ 60-64 □ 65-69 □ 70+

Please circle the appropriate response:
1. This class was: EXCELLENT □ GOOD □ FAIR □ POOR □
Comments: ____________________________________________________________

2. The instructor is: EXCELLENT □ GOOD □ FAIR □ POOR □
Comments: ____________________________________________________________

Please check all that apply:
3. I took this class because:
   □ It was at the time I was available
   □ I like this instructor and take as many of his/her classes as I can
   □ I love this particular class
   □ I came with a friend (he or she made me come to class!)
   □ Other: ______________________________________________________________

   PLEASE EXPLAIN

4. The best thing about this class was: ______________________________________

5. The worst thing about this class was: _____________________________________

Please check all that apply:
6. I am available to take Group Fitness Classes at the following days and times
   Sundays:  □ 8am  □ 9am  □ 10am  □ 11am  □ Other: __________
   Weekday Mornings: □ 6am  □ 8/8:30am  □ 9/9:30am  □ 10/10:30am  □ Other: ______
   Weekdays @ Lunchtime: □ 12pm  □ 12:30pm  □ 1pm
   Weekday Evenings: □ 5/5:30pm  □ 6/6:30pm  □ 7/7:30pm  □ 8/8:30pm  □ Other: ____
   Other days and times: ____________________________________________________

7. The one thing I would change about the Group Fitness Program at the JCC is:_______

8. Additional comments: ____________________________________________________

Thank you for sharing your feedback!