

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:

	EXCELLENT	GOOD	FAIR	POOR
1. This class was:	1	2	3	4

Comments: _____

	EXCELLENT	GOOD	FAIR	POOR
2. The instructor is:	1	2	3	4

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!