



**CLIENT EVALUATION FORM**

Please take a moment to tell us a bit about your swimming experience and submit this form to us by giving it to our Aqualogic staff in a sealed envelope or you may email a scanned copy to **info@aqualogicswimco.com**. Please be assured that your answers will be kept confidential. Thank you very much!

**1) WHICH PROGRAM DID YOU SIGN UP FOR?** (Please encircle)

~~QUABABES~~ ~~QUATOTS~~ ~~QUAPALS~~ ~~QUAKIDS~~ ~~QUATECH~~

**2) WHAT WAS YOUR PRIMARY REASON FOR SIGNING UP WITH AQUALOGIC?**

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**3) HOW DID YOU HEAR ABOUT AQUALOGIC?** (Please ✓)

Newspaper or Magazine (What Publication?)	Internet or TV (Website or Show?)	Word of Mouth (Person who referred you?)	Others (Please describe?)

**4) HOW WOULD YOU RATE THE OVER-ALL EXPERIENCE WITH AQUALOGIC?** (Please ✓)

	Very Good	Good	Fair	Poor	Very Poor
How would you rate the over-all experience with our swim school?					
How satisfied are you with the comprehensiveness of our swim programs?					
How would you rate our prices?					
How would you rate our website?					
How satisfied are you with the Aqualogic representative who answered your call or email?					
Were we able to address your needs and inquiries on time?					

	Very Good	Good	Fair	Poor	Very Poor
How do you rate our registration process?					
Were we able to explain our terms and conditions upon enrolment?					

**4) INSTRUCTOR'S KNOWLEDGE, SKILL & PROFESSIONALISM (Please ✓)**

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
Knowledge of swimming & purpose of skills being taught					
Punctuality and preparation for each lesson					
Skill in teaching proper swimming technique					
Ability to adapt instruction to your goals and fitness level					
Communication skills					
Enthusiasm and motivational skills					
Overall experience					

**5) HOW MANY LESSONS HAVE YOU (OR YOUR CHILD) TAKEN WITH YOUR INSTRUCTOR? (Please ✓)**

Less than 8 lessons	8 lessons	Less than 16 lessons	16 lessons	More than 16 lessons

WHEN DID YOU START YOUR LESSON (mm/dd/yr) ? \_\_\_\_\_

WHEN WAS YOUR LAST LESSON (mm/dd/yr) ? \_\_\_\_\_

**6) HOW HAVE YOU (OR YOUR CHILD) BENEFITTED FROM OUR SWIM PROGRAM SO FAR?**

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7) WHAT DO YOU ENJOY MOST ABOUT OUR SWIM PROGRAM?

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8) WHAT DO YOU ENJOY LEAST ABOUT OUR SWIM PROGRAM?

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9) ANY COMMENTS OR SUGGESTIONS FOR YOUR INSTRUCTOR OR AQUALOGIC?

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10) WOULD YOU ENROL (YOUR CHILD) AGAIN WITH AQUALOGIC?      YES      NO

11) WOULD YOU REFER AQUALOGIC TO YOUR RELATIVES AND FRIENDS, AND WHY?

YES      NO

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STUDENT (1) \_\_\_\_\_ AGE \_\_\_\_\_ INSTRUCTOR : \_\_\_\_\_

STUDENT (2) \_\_\_\_\_ AGE \_\_\_\_\_ INSTRUCTOR : \_\_\_\_\_

STUDENT (3) \_\_\_\_\_ AGE \_\_\_\_\_ INSTRUCTOR : \_\_\_\_\_

NAME OF PERSON WHO ANSWERED THIS EVALUATION : \_\_\_\_\_

RELATION TO STUDENT(S) : \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_