

BC Pickleball Association EVALUATION FORM



BC Pickleball wants to hear from you. Please provide your comments and suggestions so that we may continue to improve and offer quality programs. Leave your name and number only if you wish to be contacted regarding your comments.

PROGRAM: _____ DATE: _____

INSTRUCTOR: _____

1. What was your overall impression of this course?

Excellent _____ Good _____ Fair _____ Poor _____

2. What did you like the most?

3. What did you like the least?

4. What other programs would you like to see us offer?

5.

Rate the Instructor	Excellent	Good	Fair	Poor
Ability to Answer Questions				
Being on time				
Organized				
Easy to Understand				
Friendly				
Prepared				

Your satisfaction with:	Very	Good	OK	Not at all
Content				
Length				
Location				
Value for \$				

6. Comments: _____

