

School Evaluation Form

THANK YOU FOR YOUR PARTICIPATION

Please take a few moments to complete the following questionnaire: your feedback helps us serve you better. Please do not hesitate to be completely honest. It will enable us to assist you (or your child) in fulfilling your goals.

1 Are you receiving the benefits or seeing the improvements you anticipated when first joining East Coast Martial Arts?

- Yes No

2 How would you rate your overall satisfaction for the program?

- Very Satisfied Satisfied Needs Improvement
 Not Satisfied I think I want to quit

3 Is earning your Black Belt one of your goals?

- Yes No

4 Have you, or would you, recommend a friend to try karate?

- I have recommended to a friend
 I would recommend to a friend
 No, I haven't recommended to a friend
 No, I wouldn't recommend

5 Overall, do you feel this program was worth the investment?

- Yes No

6 Using the scale provided, how would you rate the quality of the following:

	Excellent	Very Good	Good	Fair	Poor
Instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule of Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 I would like to set an appointment to discuss the following

- Progress of my child Progress for myself
 Class Times / Availability Feedback on instructors
 Testing Questions This Questionnaire
 Something else (please note)

8 I would like more information on:

- How to get FREE guest passes
 The Black Belt Training Program
 Birthday Parties Special Events
 XMA Classes AAU Classes
 Tournament Classes Weapons Classes
 Chanbara Classes Self-Defense Classes
 Child Safety Courses Teen Safety Courses
 Women's Self Defense Family Safety
 Senior Safe Classes College Bound Kids Safety
 Master's Quest Program Requesting a Demonstration
 Safety Talk for Children/Teens/Adults Leadership Program
 Something else (please note)

9 Name two specific areas in which you have seen improvement in your son, daughter or self at home (e.g., attitude at school, home, work, physical or psychological well-being).

i. _____

ii. _____

10 Name two specific areas in which you have seen improvement in class (e.g., focus, attention, listening, flexibility, balance, coordination, strength agility, technique or any other).

i. _____

ii. _____

11 What do you like most about East Coast Martial Arts?

12 What part of class do you like most?

13 What part of class do you like least?

14 What other martial arts or personal goals do you have that East Coast Martial Arts might be able to help you realize?

15 What, if anything, would you like to see changed or improved at East Coast Martial Arts?

16 Please add any additional comments you may have:

PLEASE COMPLETE BELOW

Class _____

Rank of Student _____

Main Instructor/s _____

Name _____

Phone/Email _____

OPTIONAL