Custom Fitness Programmer Evaluation

Group ____________________ Quarter ____________________
Class ____________________ Instructor ____________________
Day/Time ___________________ Name ____________________

1. How did you hear about the Custom Fitness program?

2. What did you or your group want to gain from the Custom Fitness program, and were you able to achieve these goals?

3. What did you enjoy and/or dislike about the instruction?

4. What did you enjoy and/or dislike about the program as a whole?

5. Did the instructor show up on-time?

6. Do you have any suggestions for future classes or ways of improving the Custom Fitness Program?
7. May we use your comments as a testimonial for our Campus Rec website?