



**At Home Aquatics  
Program Evaluation**

\*At Home Aquatics is always striving to improve our programs and we welcome your feedback and suggestions. Please fill out this form and give to your swim instructor or mail to the address below. You can also download this form from our website and email it as an attachment to athomeaquatics@hotmail.com

Jacob Sidell  
2025 East Colgate Drive  
Tempe, AZ 85283  
www.athomeaquatics.com

Class/Activity \_\_\_\_\_ Day(s)/Time(s) \_\_\_\_\_ Instructor \_\_\_\_\_

1. Are you satisfied with the class times and days offered? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Did the instructor provide the following:

- Begin the class promptly
- Show respect towards both student and parent
- Exhibit knowledge of the different skill levels

3. Did you/your child learn the following:

- Confidence in the water
- Skills appropriate to class level
- A better understanding of Water Safety

4. Would you recommend this class to someone else? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. How did you hear about our programs?

Website Friend Newspaper Brochure Other \_\_\_\_\_

6. Any other feedback that you'd like to share

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this evaluation. Your feedback helps us improve our service to our clients.

Printed Name (optional): \_\_\_\_\_

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_