



## Swim Lesson Survey

(Please check the appropriate box for each statement.)

**1—Excellent 2—Good 3—Fair 4—Needs Improvement**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Wellness Center Staff Customer Service				
Swim Instructor Customer Service				
Quality of Lessons				
Cleanliness of Facility				
Ease of Registration				
Would you recommend class to a friend? (Circle) <u>Yes</u> / <u>No</u>				
Would you like to sign up for additional swim lessons/classes? (Circle) <u>Yes</u> / <u>No</u>				

***Swim instructor name and course:***

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***Comments:***

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**Optional Information:**

Name 

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Phone 

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Email: 

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