**Session attended (please circle):**

|  |  |  |
| --- | --- | --- |
| Studio Pilates (Private or Semi-Private) | Post-Natal Pilates Class | Stretching Class |
| Mat Pilates Class | Reformer Pilates Class |  |

**Did our session/s meet your level of expectation? (Please circle)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Unsure  | Agree | Strongly Agree |

**Instructor name (optional):**

**How would you rate your instructor on the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Disappointing  | Adequate | Great | Excellent |
| Knowledge | 1 | 2 | 3 | 4 |
| Assistance | 1 | 2 | 3 | 4 |
| Communication / Feedback | 1 | 2 | 3 | 4 |

**What did you enjoy the most?**

**What would you like more of?**

**What improvements would you suggest for more effective sessions?**

**How do you rate the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Disappointing  | Adequate | Great | Excellent |
| Equipment and facilities | 1 | 2 | 3 | 4 |
| Cleanliness  | 1 | 2 | 3 | 4 |
| Lighting | 1 | 2 | 3 | 4 |
| Music | 1 | 2 | 3 | 4 |
| Administration  | 1 | 2 | 3 | 4 |
| Website | 1 | 2 | 3 | 4 |
| Timetable/ accessibility  | 1 | 2 | 3 | 4 |

**Any other comments/suggestions or general feedback is welcome: (please continue next page if necessary)**