

YOGA LOFT CLASS EVALUATION

Your feedback is important to us. As a non-profit organization, we, the Board of Directors, are always striving to meet the needs of the community and the people served by this organization. Please take a few moments to provide us with your input.

Please print this form and complete it with a pen or pencil. Completed form can be mailed to the Yoga Loft, 107½ Main St, Canton NY 13617. Or just give the completed form to your Yoga Loft teacher.

Course Title: _____

Instructor: _____

Today's Date: _____

PLEASE RATE THE FOLLOWING:

Did the class meet your expectations?

very well moderately well fairly well not at all

Skill/Effectiveness of the instructor excellent good fair poor

Would you recommend this course to a friend? yes no

Overall experience at the Yoga Loft excellent good fair poor

Do you have suggestions for other courses you would like offered at the Yoga Loft?

Further Comments: _____

This information will be shared with the instructor of the class. We respect your request to remain anonymous.

YES, I would like to remain anonymous

Would you like someone to respond to your comments?

YES, I would like to be contacted regarding my comments. My contact information is:

YES, you may use my comments in marketing and advertising materials.

How did you find out about us? _____

Your Name (optional): _____