

Date _____
Class Attended _____

Time of Class _____
Teacher _____

Group Class Survey

Please print out the survey, fill in your feedback, and **return it to the front desk**. Your feedback will be used to **improve our series classes** at Starlite Dance Club. The survey does not ask for names and all information will be kept **anonymous**.

Please answer each question by circling number 1 through 5
1 being the lowest and 5 being the highest score you give.

- 1 – Did your teacher introduce the material in a way you felt was easy to learn?
1 2 3 4 5
- 2 – Was your teacher supportive and encouraging?
1 2 3 4 5
- 3 – Did you feel you received the information/material expected?
1 2 3 4 5
- 4 – Was your teacher prompt and organized each class?
1 2 3 4 5
- 5 – Would you recommend this class and teacher to others?
1 2 3 4 5
- 6 – Will you continue with this series class and if so why or why not?
Yes _____
No _____
- 7 – Was switching partners helpful to your learning?
1 2 3 4 5
- 8 – Were our front desk employees helpful answering questions regarding your class?
1 2 3 4 5
- 9 – Did you attend all four sessions?
Yes _____ No _____
If the answer is no, could you give a reason?

10 Any additional comments, please share them with us:

11 What additional classes would you like to see in our curriculum?

12 What could Starlite Dance Club improve on in regards to your dance experience?

Thank you very much for your help and consideration.

Starlite Dance Club Management