

The Hapkido Tae Kwon Do Institute - Evaluation Form

Please take this form home and fill it out as it relates to the school in general or to a specific instructor. All forms are confidential and are used to further enhance your experience with the martial arts. Your thoughts and comments are needed to identify problem areas as well as outstanding ones. Thank you for your time in completing this evaluation form!

Part 1. General Information:

Master/Instructor's Name _____

Travel time to the school _____ minutes Number of classes attended each week on average: _____

Length of time you or your child has attended **The Hapkido Tae Kwon Do Institute** _____

Part 2. Exterior Evaluation:

Is there adequate parking (lot and/or street)?	Yes	No	
Is there adequate lighting in parking area?	Yes	No	
Adequate lighting at entrance to building?	Yes	No	
Condition of the parking lot and/or street?	Fair	Good	Excellent
Condition of the exterior building?	Fair	Good	Excellent
Condition of school's interior?	Fair	Good	Excellent
Safety of neighborhood after dark?	Not Safe	Pretty Safe	Very Safe

Part 3. School/Instructor Evaluation

1. Instructor's Name _____

2. Atmosphere of class (fun, serious, professional, scary, etc.): _____

3. Does the instructor demonstrate proficiency in teaching techniques? Yes No

4. Does the instructor provide enough individual attention? Yes No

5. Does the instructor act in a professional manner? Yes No

6. Does the instructor command the respect of students? Yes No

7. Does the instructor teach weapons? Yes No

8. Does this instructor teach "bonus" techniques outside the school's curriculum? Yes No

9. List any special reasons FOR attending this particular instructor's class: _____

10. List any special reasons FOR NOT attending this particular instructor's class: _____

Part 4. Class Schedule:

- 1. Do you feel there are enough classes offered per week? Yes No
If not, how many classes per day _____ and per week _____ do you feel would be adequate?
- 2. Do you feel that class length is: Too Short Too Long Just Right
- 3. Do you feel the ratio of warm-up time to technique time is: Too Short Too Long Just Right
- 4. Do you feel that the warm-up is: Too Easy Too Difficult Just Right
- 5. What classes do you attend? Children Adult Both
- 6. Who teaches class? _____
- 7. There are _____ instructors/assistants for a class of _____ students.
- 8. Does the instructor reference notes when necessary? Yes No
- 9. Do classes begin and end on time? Yes No

Part 5. Costs

- 1. Is the monthly tuition cost for unlimited classes: Too Low Too High Just Right
- 2. Would you like to see a discount for paying: Quarterly Semi-Annually Yearly
- 3. Is the testing fee: Too Low Too High Just Right

Part 6. Facility:

Is the classroom an adequate size?	Yes No
Is the waiting/observing area an adequate size?	Yes No
Are the changing rooms adequate?	Yes No
Are the bathrooms clean?	Yes No
Is the classroom clean and safely furnished?	Yes No
Is equipment well maintained? (sparring gear, weapons)	Yes No
Is the classroom visually appealing and stimulating?	Yes No
Is the water cooler / soda machine in good order?	Yes No

Lastly, how did you find out about us? Please be very specific as this information helps keep our programs affordable by not wasting money on advertising that doesn't work. _____

Filling out the contact information below is purely optional and is kept strictly confidential.

Name: _____ Email: _____

Address: _____ City: _____ St _____ Zip _____

Phone: _____ Other Phone: _____