

Hapkido Tae Kwon Do Institute - Trial Class Evaluation Form

Please take a few minutes after your trial class to fill out this form. 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 trial class evaluation form! Please circle answers where applicable and fill out other areas.

1. Number of students in class: 1-3 4-8 9-12 12-16 16+

2. Approximate age range of students in class: _____

3. Did the class begin and end on time? Yes No

4. Number of instructors and senior students: _____

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

6. Did class appear to be well planned? Yes No

7. Is there an atmosphere of mutual respect? Yes No

8. Is class orderly and disciplined? Yes No

9. Is the teaching philosophy evident in class? Yes No

10. Are trophies and awards displayed? Yes No

If yes, do they appear to be important? Yes No

11. Are resource materials available for students/parents? Yes No

12. Are students, teachers and parents having fun? Yes No

13. Have you (or your child) trained in something like this before? Yes No

If yes, please explain. _____

14. What interests you (or your child) about taking classes? _____

15. How would you describe you or your child's level of fitness and self-discipline? _____

16. What interests you about us in particular? _____

17. Whose idea was it to enroll in martial arts classes? Mine My child's

18. 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. _____

Name: _____ Email: _____

Address: _____ City: _____ St _____ Zip _____

Phone: _____ Other Phone: _____