



City of Pullman, Pullman Aquatic & Fitness Center
500 NW Greyhound Way, Pullman, WA 99163 509-338-3290



WEX & Arthritis Evaluation Form

Pullman Aquatic & Fitness Center would like to thank you for participating in our swim program. We are always looking to improve and strengthen our program. Compliments and criticisms will continue to provide valuable feedback, enabling us to maintain the best program in the area. Please take a few moments to fill out this feedback form. We value your response and look forward to discussing your comments with you.

Participant's name (optional): _____

Phone # (optional): _____

Class: _____

Instructor's name: _____

Please rate on a scale from 1-5, 1 being extremely negative and 5 being extremely positive:

How satisfied were you with the way the class was taught?

1 2 3 4 5

Were all of the exercises applicable to everyone in the class?

1 2 3 4 5

How satisfied were you with the overall level of impact the exercises had on your body?

1 2 3 4 5

How satisfied were you with the class's interpersonal dynamics?

1 2 3 4 5

Is there anything you would like to see changed about the class? _____

Any additional comments: _____

