

D.I.F.T

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Instructor Evaluation Form

Instructors Name: _____

Class Day / Date / Time: _____ / _____ / _____ AM - PM

Type of

Class: _____ T

ype Class:

| | | Poor | Weak | Average | Strong | Outstanding |
|--|---------------------------------|------|------|---------|--------|-------------|
| Cueing | | | | | | |
| | Voice, Clarity, Projection | 1 | 2 | 3 | 4 | 5 |
| | Motivation & Enthusiasm | 1 | 2 | 3 | 4 | 5 |
| Music and Audio | | | | | | |
| | Volume | 1 | 2 | 3 | 4 | 5 |
| | Music selection and variety | 1 | 2 | 3 | 4 | 5 |
| Professionalism | | | | | | |
| | Attitude | 1 | 2 | 3 | 4 | 5 |
| | Approachability | 1 | 2 | 3 | 4 | 5 |
| Exercise Selction / Routine | | | | | | |
| | Progression | 1 | 2 | 3 | 4 | 5 |
| | Safety | 1 | 2 | 3 | 4 | 5 |
| | Modified to fit my level | 1 | 2 | 3 | 4 | 5 |
| Organization | | | | | | |
| | Flow of class | 1 | 2 | 3 | 4 | 5 |
| | Overall Organization | 1 | 2 | 3 | 4 | 5 |
| | Promptness-arrival-start/finish | 1 | 2 | 3 | 4 | 5 |
| What did you like BEST about the class? | | | | | | |
| What did you like LEAST about the class? | | | | | | |
| Please comment about the Exercise Program overall or Comments: | | | | | | |