

School Staff Program Evaluation Form

Thank you for choosing Alien In-Line to provide skating instruction at your school!

Please help us continue to make the Alien In-Line program the best it can be by providing some feedback on your recent Alien In-Line experience.

NAME OF SCHOOL: _____

NAME OF CONTACT PERSON: _____

NAME OF ALIEN IN-LINE INSTRUCTOR(S): _____

1. Were you happy with the instruction?

(Lesson content, class management, presentation, punctuality, professionalism)

2. Were you happy with the equipment?

(Condition of skates, quality of protective gear, sizing of helmets, quantity of equipment)

3. Were you happy with other aspects of the program?

(booking details, time of year, delivery of equipment, program organization)

4. Will you book Alien In-Line for future programs?