



Clinic Feedback Form

Clinic Information:

Date: _____ Location: _____ Level Taken: _____

Instructor (s): _____

Clinic Feedback:

Please list some of the sessions you found helpful, useful, enjoyable, etc. and tell us why:

Please list some of the sessions that need improvement and tell us why:

Instructor Feedback:

Please list two areas of strength of your instructor(s) today:

Please list some areas you believe your instructor could improve on:

Overall, how would you rate your clinic today?
Excellent Good Satisfactory Poor Weak

Do you have any other comments or suggestions for next season?



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