



CREVE COEUR RACQUET CLUB

2010 Summer Clinic Evaluation Form

We have arrived at the midpoint of the summer, and we are asking our clinic participants and/or parents to fill out a Clinic Evaluation Form. This form will serve to help us better execute our Tennis Program based on Participant/parent response to a few items below. Please fill out honestly and constructively, and return to the Pro Shop.

Basic Information (Optional)

Name _____ Email Address _____

Clinic Questions:

Clinic: *Adult Junior High Performance* Clinic Name: _____

Please Circle a Number 1 through 5

1	2	3	4	5	N/A
Terrible	Somewhat Bad	Neutral	Somewhat Good	Great	Not Applicable

1. The Time of Day the Clinic I (or my child) participate(s) in is:

1 2 3 4 5 N/A

Added Comments about the Time of Day of the Clinic (optional):

2. The Pro teaching the clinic I (or my child) participate(s) in is:

1 2 3 4 5 N/A

Comments I have on the Pro's performance (optional):

3. I feel that my (or my child's) tennis skills are improving:

1 2 3 4 5 N/A

4. I (or my child) feel(s) like I'm (they're) being challenged in Clinic

Yes Somewhat No N/A

5. I Feel like my (or my child's) tennis Pro is interested and enthusiastic for the development of skill

Yes

Somewhat

No

N/A

6. General Comments/Criticisms/Suggestions about the Clinic as a whole:

7. General Comments/Criticisms/Suggestions about the Club as a whole:

Please Answer the following if you are not currently participating in Clinics at CCRC:

8. I am not currently participating in tennis clinics at CCRC because: (check the one that most applies)

- Other Obligation Social There is not a clinic that suits me
- Injury/Health Weather Concerns
- Not Interested Other: _____

Feel free to provide any other information that will help us design a tennis program for YOU:
