



Ski & Toboggan Program

Event Type	
Date	Location

Clinic Improvement Questionnaire

In order to improve this program we would very much appreciate your honest, candid opinion.

KEY	0	Does not apply
	1	Strongly disagree
	2	Disagree
	3	Neither agree or disagree
	4	Agree
5	Strongly Agree	

Staff/Instructor

Please circle one

Appeared enthusiastic and was well prepared	0	1	2	3	4	5
Provided continual feedback throughout the event	0	1	2	3	4	5
Directions and expectations were clear and complete	0	1	2	3	4	5

Program Content

Adequate amount of skills demonstration	0	1	2	3	4	5
Correct terrain used for instruction/evaluation	0	1	2	3	4	5
Adequate guided practice time provided	0	1	2	3	4	5
Skill objectives were clearly stated and understood	0	1	2	3	4	5

Time

The right amount was spent on topic	0	1	2	3	4	5
The right amount was spent on practice sessions	0	1	2	3	4	5
The right amount was spent on skiing application	0	1	2	3	4	5

Overall

The program was well organized and on time	0	1	2	3	4	5
I felt involved throughout the program	0	1	2	3	4	5
I feel I benefited from the program	0	1	2	3	4	5
I would support this program	0	1	2	3	4	5
I enjoyed the program	0	1	2	3	4	5

What did you like the most about the program?
What did you like the least about the program?
What is the ONE thing that you would most like to see changed in this program?