

<b>Adult Student's / Parent's Name:</b>	<b>Child's Name:</b>
<b>Email:</b>	<b>Child's Age:</b>
<b>Phone Number:</b>	<b>Child's Current Grade:</b>

By taking a few moments to complete the following questionnaire, you can help us serve you better. Please do not hesitate to be completely honest. It will enable us to assist you and/or your child in fulfilling your goals.

1. Do you feel you / your child is gaining the benefits you first wanted by joining?  
(please feel free to explain more in #10) \_\_ Yes    \_\_ No
2. Are you satisfied overall with the program? \_\_ Yes    \_\_ No
3. Have you / your child ever taken martial arts before? \_\_ Yes    \_\_ No
4. Is one of your goals to reach the next class level/shirt color? \_\_ Yes    \_\_ No
5. Overall, do you feel as though this program was worth the investment of time and fees? \_\_ Yes    \_\_ No

6. What do you like most about this program and class?

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7. What would you like to see changed or improved about this program/classes?

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8. What are 2-3 goals you still want to see improvement on?

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9. Overall, how would you rate the quality of: (4= excellent, 3=good, 2=ok 1= poor)  
(please feel free to explain more in #10)

Instructors    \_\_\_\_                  Curriculum    \_\_\_\_                  Schedule of classes    \_\_\_\_

**10. Additional comments:**