

## Parents Feedback Form – Term 4 – 2011

We greatly appreciate your feedback! Please take a couple of minutes to fill out this form. The information you provide will assist us to serve you better.

**All named respondents will go in the draw to win a gift to the value of \$50.00 .We draw one winning survey per term.**

Parents name:.....Student Name/s: .....

Teachers name:..... Date: .....

**Please comment on your overall experience:**

For each statement grade your response with a circle 1= I totally disagree. 5 = I totally agree

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. My expectations of this term were fulfilled           | 1 | 2 | 3 | 4 | 5 |
| 2. I will recommend Helen’s School of Swimming to others | 1 | 2 | 3 | 4 | 5 |
| 3. What did you like about this term?.....               |   |   |   |   |   |
| .....  |   |   |   |   |   |

4. What could we have improved about this term?.....
- .....

We would really appreciate it if you and your child were able to make a comment for us to put on our promotional material. In doing so you are giving us permission to quote your name with the comment.

Parent’s Comment:.....

.....

Child’s Comment:.....

.....

**Please comment on your Teachers performance:**

1= I totally disagree. 5 = I totally agree

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 5. The Teacher was confident and knowledgeable                               | 1 | 2 | 3 | 4 | 5 |
| 6. The Teacher was constantly focussed and in managed the class well         | 1 | 2 | 3 | 4 | 5 |
| 7. The Teacher communicated in a clear, concise and effective manner         | 1 | 2 | 3 | 4 | 5 |
| 8. The Teacher was positive and helpful                                      | 1 | 2 | 3 | 4 | 5 |
| 9. The Teacher catered to the students individual needs                      | 1 | 2 | 3 | 4 | 5 |
| 10. Any other feedback about the teacher that you would like us to know..... |   |   |   |   |   |
| .....  |   |   |   |   |   |
| .....  |   |   |   |   |   |

**Other important feedback we would love to know about:**

(Rating Scale: 1=Unsatisfactory 2=Poor 3=Satisfactory 4=Very Good 5=Excellent)

11. How do you feel about the progress we are making with your child? 1 2 3 4 5

Comment:.....

12. How do you rate our Pools and Pool side facilities? 1 2 3 4 5

Comment:.....

**PTO – Just 4 quick questions to go - Please turn over to complete the feedback form - Thank you**

13. How do you rate our Administration work? E.g. billing and information 1 2 3 4 5

Comment:.....

14. How do you rate our Customer Service? E.g.Effective, helpful and friendly 1 2 3 4 5

Comment:.....

15.How do you rate our response time to your needs E.g.phone, messages, emails 1 2 3 4 5

Comment:.....

16. **Please suggest two things you would like HSS to do that would improve the experience for you and your child, or please feel free to tell us any other comments that have not been covered above.**

A) .....

B).....

.....

To help us improve how we deliver correspondence for you. Please supply your email address. Thank you.

Email: .....

Please circle **YES, NO or Maybe**, if you would like the manager to call you regarding this survey.

**Thank you – We really appreciate your comments - HSS Team**