



annette kellerman
aquatic centre

SWIM TEACHER FEEDBACK

Annette Kellerman Aquatic Centre Swim School appreciates the feedback you supply us with as we continually strive to achieve the highest level of customer service possible.

I would like to give feedback on _____ about....

Teacher

Instruction	()	Quality/Engagement	()
Time keeping	()	Availability	()
Consistency	()	Other - Specify	()
Mannerism/Approachability	()	_____	

I am.....

Satisfied	()	Happy	()
Wishing to inform you	()	Concerned	()
Unhappy	()	Suggesting	()

That...

** If more space is required please continue on the back of this form.

Are you currently enrolled? Yes () No ()

Date: _____

Child's Name: _____ Parent's Name _____

Level: _____ Class time & Day _____ Phone: _____

Email Address: _____ (optional)

Office Use Only:

Date: _____ Staff Member: _____

Staff Member Reported to: _____

Swim School Coordinator Notified? Y/N Date/Time _____

Added to teacher's file: _____