

FEEDBACK FORM

Name (Optional) _____

Course Date _____

We would appreciate your feedback. Please check off the appropriate number, according to the following rating scale.

1 = Yes | 2 = No | 3 = Neutral

	1	2	3
1. Did you enjoy the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was this training of benefit to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you use some of what you learned on this course in your teaching & skateboarding instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the training meet your goals or expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you recommend this course to someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the format of the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Suggestions or comments to improve the course?

8. Any other comments you may feel will help benefit our organization to help others?

ISCP® (International Skateboard Certification Program) & SKATZ® (Stance, Kicks, Axles, Transfers, Zen)

A division of the Canadian Skateboard Park & School Association

A Not-For-Profit Corporation

560 Hensall Circle, Mississauga, Ontario, Canada L5A 1Y1 • Telephone: 905.272.6888

Email: info@iscpskatz.com • www.iscpskatz.com • www.goskatz.com

Copyright © 2010 CJ's SKATEPARK. All rights reserved.

