

KICKS' Annual Survey - We Welcome Your Feedback!

For the following questions, circle the number that best describes your experience at KICKS. If additional space is needed for comments, please use the back of this paper. Surveys may be returned to the studio office, dropped into our suggestion box (located in the snack room) or mailed to us at: 364 Wilmington Pike / Glen Mills, PA 19342

OUR CLASSES

	BRAVO	GOOD	OKAY	HO-HUM	BOO
1. Has your child enjoyed her dance class(es) this year?	5	4	3	2	1
2. Are you, as a parent, happy with what your child has been learning?	5	4	3	2	1
3. Do you feel that classes are taught in a professional manner?	5	4	3	2	1
4. In which program division is your child enrolled? (please circle)					
<u>Fundamental Program:</u>	Creative Dance	Creative Combo	Kinder Combo	1 st Grade Combo	
<u>Classic Program:</u>	Primary	Elementary	Junior	Teen	Senior

Additional comments about your class(es):

OUR INSTRUCTORS

	BRAVO	GOOD	OKAY	HO-HUM	BOO
1. Is your child pleased with her instructor?	5	4	3	2	1
2. Are you, as a parent, pleased with your child's instructor?	5	4	3	2	1
3. Who is your child's instructor? (please circle)					
Angela Bethanne Cara JoAnne Katie Krista Liz Lizzie Lori					

Additional comments about your teacher(s):

OUR SCHOOL

	BRAVO	GOOD	OKAY	HO-HUM	BOO
1. Overall quality of our programs	5	4	3	2	1
2. Overall quality of our customer service	5	4	3	2	1
3. Overall quality of our June recital	5	4	3	2	1
4. Would you recommend KICKS Academy of Dance to other families?	5	4	3	2	1

What do you like best about KICKS?

Is there anything you think we could do better?

Other Comments:

Thank you for your input!!