



4RK9s
DOG TRAINING CLUB

4RK9s Class Evaluation Form

Please be so kind to fill out and leave form with the class instructor on your last class. This will help us plan future classes and make changes that may be necessary for a better learning experience. Thank You!

	Excellent	Good	Fair	Poor
Instructor's Knowledge of Subject:				
Instructor's Ability to Answer Questions:				
Instructor's Ability to Give Instructions:				
Assistant's Knowledge of Subject:				
Assistant's Ability to Answer Questions:				
Assistant's Ability to Give Instructions:				
Cleanliness of Facilities:				
Did Class Meet Your Expectations:				
Did the Instructors Give you Enough Individual Attention:				
Would you Recommend 4RK9's to Others Interested in Training their Dog: <input type="checkbox"/> Yes <input type="checkbox"/> No				
What learning session was most helpful:				

What learning session was least helpful:				

Please feel free to write any additional comments you may have:				

*Optional				
Name : _____ Dog's Name: _____				
Telephone : _____ E-mail: _____				