

Broome County YMCA  
61 Susquehanna St.  
Binghamton, NY  
607-772-0560

West Family Branch  
740 Main St.  
Johnson City, NY  
607-770-9622



Please help us to serve you better. We need your feedback – good or bad. Thank you.

Program \_\_\_\_\_ Instructor \_\_\_\_\_

Please rate your satisfaction on a scale from 1 to 5, where 1 is very dissatisfied and 5 is satisfied. Check the appropriate boxes.

	Very Dissatisfied			Very Satisfied		
	1	2	3	4	5	
Staff's responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff's courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor's knowledge of class material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor's helpfulness and consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleanliness and condition of area where class met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Precautions taken to ensure safety and prevent injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Value of class for the price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expectations met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you marked dissatisfied or very dissatisfied for any of the above items, could you please explain? \_\_\_\_\_

\_\_\_\_\_

Would you like a staff person to contact you?      No                  Yes

Which staff person? \_\_\_\_\_

(If you want us to contact you, please give us your name and a daytime phone number at the bottom of the card.)

How did you hear about our program? \_\_\_\_\_

Would you be interested in becoming a volunteer instructor for any of our programs?      No                  Yes

Please give us your name and daytime phone number. (Optional)

Name \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Date \_\_\_\_\_

Would you prefer an online survey?      No                  Yes

*Please return in person on in the mail. Thank you.*