



# PSIA - Rocky Mountain Division - AASI

## CLINIC FEEDBACK AND SURVEY FORM



Date: \_\_\_\_\_ Event Location: \_\_\_\_\_ Clinic: \_\_\_\_\_ Facilitator: \_\_\_\_\_

Your Name and Ski or Snowboard School (optional): \_\_\_\_\_

- ◆ Did you travel to this event? \_\_\_\_\_ How many miles? 0-25 \_\_\_\_ 25-50 \_\_\_\_ 50-100 \_\_\_\_ 100+ \_\_\_\_
- ◆ What is your status as an instructor: Full-time \_\_\_\_ Part-time \_\_\_\_ Volunteer \_\_\_\_ Inactive \_\_\_\_
- ◆ In which disciplines do you now participate?  
Alpine \_\_\_\_ Adaptive \_\_\_\_ Children \_\_\_\_ Snowboard \_\_\_\_ Telemark \_\_\_\_ Cross-Country \_\_\_\_
- ◆ Are you certified in more than one of these disciplines? \_\_\_\_\_ How many? \_\_\_\_\_

***Please rate the following statements on a scale of 1-5.***

**1-Strongly Disagree      2-Disagree      3-Somewhat Agree      4-Agree      5-Strongly Agree**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1) Your facilitator was prepared.   | 1 | 2 | 3 | 4 | 5 |
| 2) Your facilitator presented information effectively.                        | 1 | 2 | 3 | 4 | 5 |
| 3) Your facilitator provided a safe, comfortable learning environment.        | 1 | 2 | 3 | 4 | 5 |
| 4) Your facilitator individualized the experience.                            | 1 | 2 | 3 | 4 | 5 |
| 5) Your facilitator provided objective and timely feedback.                   | 1 | 2 | 3 | 4 | 5 |
| 6) Your facilitator stimulated your desire to learn more.                     | 1 | 2 | 3 | 4 | 5 |
| 7) You would take another clinic from this facilitator/recommend to a friend. | 1 | 2 | 3 | 4 | 5 |

Do you have any feedback for your facilitator? \_\_\_\_\_

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 8) You were given sufficient opportunity to present your knowledge and skill level. | 1 | 2 | 3 | 4 | 5 |
| 9) This clinic was taken in preparation for an exam/accreditation.                  | 1 | 2 | 3 | 4 | 5 |
| 10) This clinic was taken to fulfill continuing education requirements.             | 1 | 2 | 3 | 4 | 5 |

Were you fully prepared? What training benefited you the most? \_\_\_\_\_

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 11) You would recommend this clinic to another person.               | 1 | 2 | 3 | 4 | 5 |
| 12) You will participate in another RM event this season.            | 1 | 2 | 3 | 4 | 5 |
| 13) A pay raise was significant to your participation in this event. | 1 | 2 | 3 | 4 | 5 |
| 14) This event was well run/organized.                               | 1 | 2 | 3 | 4 | 5 |

What comments do you have regarding the organization or the event process? \_\_\_\_\_

**We place a high value on your feedback!**

Please use the back of this form to provide additional comments or suggestions that may enhance your experience with this event or that would contribute to the growth of the RM division.

If you gave a score of less than 3, please give us the reason why on the back.