

Please complete the following evaluation based on your recent personal training experience with the Department of Campus Recreation at Longwood University.

Name of Trainer: \_\_\_\_\_ Number of training sessions: \_\_\_\_\_

Please use the rating scale provided to answer the following questions:

4 = Excellent    3 = Good    2 = Average    1 = Poor/Needs Improvement    N/A = not applicable

**At your first session, did your trainer:**

- Arrive on time? \_\_\_\_\_
- Explain all policies and testing procedures clearly? \_\_\_\_\_
- Perform your fitness assessment in a professional manner? \_\_\_\_\_
- Listen to your goals and needs? \_\_\_\_\_
- Allow adequate time for your questions and concerns? \_\_\_\_\_

**During your follow-up sessions, did your trainer:**

- Explain your fitness assessment results in a way that was easy for you to understand & apply? \_\_\_\_\_
- Create a program that you could follow once your training sessions had ended? \_\_\_\_\_
- Provide you with safe, adequate instruction & exercise demonstrations? \_\_\_\_\_
- Assist you in setting short and long term goals? \_\_\_\_\_
- Use a “hands-on” approach when working through your program? \_\_\_\_\_
- Assist you in finding proper exercise intensity and progression? \_\_\_\_\_
- Provide you with encouragement and feedback? \_\_\_\_\_
- Act professional and attentive to your needs at all times? \_\_\_\_\_
- Fulfill their role in assisting you to meet your goals \_\_\_\_\_

**Final Questions:**

- Do you feel you received the services as they were described to you? \_\_\_\_\_
- Would you recommend this program to others? \_\_\_\_\_
- Overall rating of your trainer: \_\_\_\_\_
- Overall rating of the effectiveness of the training program provided to you: \_\_\_\_\_
- Overall rating of the Personal Training program through the Department of Campus Recreation: \_\_\_\_\_

*Please provide any additional questions, comments or concerns you may have:*

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