

PRACTICAL MODULE EVALUATION



Which practical module did you take?

- ① Group Fitness ② Weight Training ③ Aquatic Fitness
④ Yoga Fitness ⑤ Personal Training ⑥ Osteofit ⑦ Pilates Fitness

Organization/Club where module was held: _____

Module instructor: _____

Module Commencement Date: [] day [] month 20[] year

Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the module.

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|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| How would you rate the FACILITY provided for this module? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |
| How would you rate the INFORMATION you learned in this module? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |
| How would you rate the CONDUCTOR'S PRESENTATION STYLE? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |
| How would you rate the QUALITY OF THE MATERIALS provided? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |
| How would you rate the USEFULLNESS OF THE MATERIALS provided? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |
| How would you rate the QUALITY OF THE MODULE overall? | <input type="radio"/> P | <input type="radio"/> F | <input type="radio"/> G | <input type="radio"/> V | <input type="radio"/> E |

Was the ICE package explained to you in the module? Y Yes N No

Please list up to three things that you LIKED BEST about the module.

Please describe any changes that could be made to IMPROVE the module.

Additional Comments?

Practical Module Evaluation ID – to be completed during practical module

<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
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Please Turn Over for ICE Evaluation Questionnaire

ICE EVALUATION QUESTIONNAIRE



Which module is this ICE Evaluation for?

- ① Group Fitness ② Weight Training ③ Aquatic Fitness
- ④ Yoga Fitness ⑤ Personal Training ⑥ Osteofit ⑦ Pilates Fitness

ICE evaluator: _____ ICE Date: [] day [] month 20[] year

How long did the ICE evaluation take?: [] hours [] minutes

Using a 5-point scale where P = Poor, F = Fair, G = Good, V = Very Good, E = Excellent, please rate the following aspects of the evaluation.

How would you rate how well you were NOTIFIED by the ICE evaluator about what to expect during the evaluation?	(P)	(F)	(G)	(V)	(E)
How well were your pre-written questions/ program designs EXPLAINED to you during your ICE evaluation?	(P)	(F)	(G)	(V)	(E)
How would you rate the LEARNING EXPERIENCE during the evaluation?	(P)	(F)	(G)	(V)	(E)
How would you rate how OBJECTIVE this assessment was of your leadership skills?	(P)	(F)	(G)	(V)	(E)
How would you rate the PROFESSIONAL CONDUCT of the ICE evaluator?	(P)	(F)	(G)	(V)	(E)
How would you rate the QUALITY OF THE EVALUATION overall?	(P)	(F)	(G)	(V)	(E)

Please list up to three things that you LIKED BEST about the ICE evaluation.

Please describe any changes that could be made to IMPROVE the ICE.

Additional Comments?

ICE Instructor Evaluation ID – to be completed at evaluation

(A)	(B)	(C)	(D)	(E)	(1)	(2)	(3)	(4)	(5)
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Thank you for taking the time to complete this questionnaire. We appreciate your constructive feedback so we can continue to improve the quality of the Fitness Registration Program.

Please return this questionnaire and your completed ICE package to:
BC Recreation and Parks Association, 301- 470 Granville Street, Vancouver, BC V6C 1V5
Phone: (604) 629-0965 fax: (604) 629-2651: E-mail: bcrpa@bcrpa.bc.ca: Website: www.bcrpa.bc.ca

Please Turn Over for MODULE Evaluation →