

Trainers Performance

Rush Hour Australia is committed to providing you with the best possible experience. As part of our commitment we ask our valuable clients for their honest feedback on our trainer's performance on and off the field and on the performance of our administration staff.

Trainer Name: _____ Class days _____ Class time _____

At the conclusion of this evaluation, please insert this report into the supplied envelope and seal

My Trainer	NA 1	Never 2	Sometimes 3	Most times 4	Always 5
Punctuality (Please tick)					
is always on time to training					
sets up all the equip prior to training					
Training (Please tick)	1	2	3	4	5
uses a variety of training equipment					
uses a variety of training drills					
uses a variety of training techniques					
conducts intense training sessions					
demonstrates exercises and drills well					
spends time correcting technique					
increases the intensity every week					
Personalised (Please tick)	1	2	3	4	5
knows my name					
contacts me when I am not at training					
is aware of my physical limitations					
is motivated to get me results					
encourages me to work harder					
believes in my ability to achieve					
Nutrition (Please tick)	1	2	3	4	5
provides individual advice when I ask for it					
discusses the importance of good nutrition					
Injury (Please tick)	1	2	3	4	5
encourages me to seek treatment					
provides me with options for treatment					
modifies training to suit my injury					
understands the causes of injury					
Reports (Please tick)	1	2	3	4	5
explains the report when asked to					
SCORE					

Please indicate one thing that you would like completely **changed**

Please indicate one thing that you would like slightly **improved**

Please indicate one thing that you would like definitely **sustained**
