



We'd love to hear from you...

To help us provide your child with the best possible gymnastics experience, we'd like your input on how we're doing. Feel free to comment on all aspects of you and your child's interaction with TDGMG.

Please rate the following:

	Needs		Satisfactory		Great
	Improvement				
INSTRUCTOR	1	2	3	4	5
Name _____ (Optional)					
FACILITY	1	2	3	4	5
GYMNASTICS PROGRAMS					
Preschool/After School (please circle)	1	2	3	4	5
OFFICE PROCEDURES	1	2	3	4	5
(website, payment procedures, communications, etc.)					

What do you or your child like most about the program?

What could we provide that we presently don't?

Additional Comments:

Send form to 103 Gold St. Agawam, MA 10001