



## Skaters/Parents Show Survey

**Skaters:** Please complete one form per skater.

**Parents:** Please complete one form per family.

Return to the survey envelope today or drop in the RFSC office by May 1.

On a scale of 1 to 5 where 1 is least favorable and 5 is most favorable, how would you rate the following (please circle your response):

	Least Favorable				Most Favorable
Your overall show experience	1	2	3	4	5
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The music overall	1	2	3	4	5
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Your/your skater's own music	1	2	3	4	5
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The props	1	2	3	4	5
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The choreography of your numbers	1	2	3	4	5
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The costumes overall	1	2	3	4	5
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Your/your skater's costume(s)	1	2	3	4	5
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Your/your skater's rehearsal experience	1	2	3	4	5

Name something good about your show experience. \_\_\_\_\_

\_\_\_\_\_

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Name something that could be better. \_\_\_\_\_

\_\_\_\_\_

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If you were director, what changes would you make for next year? \_\_\_\_\_

\_\_\_\_\_

**Skaters: Please provide the following:**

Level:    Preschool       Junior Club       Advanced Jr. Club       JPSE       Freestyle

Age: \_\_\_\_\_

Grade in School \_\_\_\_\_