

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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 \_\_\_\_\_