



**Paws-a-tive Training**  
**65 Brook Rd.**  
**Lancaster, NH 03584**  
**(603) 788-5588**  
**[gail@pawsativetraining.com](mailto:gail@pawsativetraining.com)**

### **Evaluation**

Name (optional) \_\_\_\_\_

- 1) Have you attended every class? Yes No
- 2) If not, how many classes did you miss? 1 2 3 4
- 3) About how many days a week did you train at home? 1 2 3 4 5 6 7
- 4) Do you think you received the necessary individual attention? Yes No
- 5) Is this the type of training you expected? Yes No
- 6) Have you noticed improvement in your dog's behavior? Yes No
- 7) Do you plan to continue your training with us? Yes No
- 8) Would you recommend these classes to others? Yes No
- 9) Are you interested in earning AKC titles? Yes No
- 10) What is the greatest benefit you derived from these classes?

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11) What was the most difficult exercise for you and your dog?

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12) What did you like most about the training program?

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13) What is your overall impression of this course?

Excellent    Good    Fair    Poor

14) Comments, criticisms, suggestions for improvement-

## Evaluation Continued

To help us evaluate our instructing program, circle the appropriate number.

The numbers have the following meanings:

4= Very Good    3= Good    2= Fair    1= Poor

- |   |   |   |   |   |
|---|---|---|---|---|
| 15) The organization of the subject material by the instructor                    | 4 | 3 | 2 | 1 |
| 16) The instructor's preparation for each class                                   | 4 | 3 | 2 | 1 |
| 17) The presentation of the subject matter  | 4 | 3 | 2 | 1 |
| 18) The degree to which you were motivated to train your dog                      | 4 | 3 | 2 | 1 |
| 19) The general attitude by those who helped with the class                       | 4 | 3 | 2 | 1 |
| 20) The attitude by those who helped with the class                               | 4 | 3 | 2 | 1 |
| 21) The instructor's willingness to give individual help                          | 4 | 3 | 2 | 1 |
| 22) The clarity with which the instructor presented the material                  | 4 | 3 | 2 | 1 |
| 23) The extent to which you feel the class time was well spent                    | 4 | 3 | 2 | 1 |
| 24) The instructor's ability to relate training to practical applications         | 4 | 3 | 2 | 1 |
| 25) The instructor's ability to answer questions not directly related to training | 4 | 3 | 2 | 1 |
| 26) The degree to which <b>you</b> were prepared attending class                  | 4 | 3 | 2 | 1 |
- 27) In order of importance, list ways you feel instruction in this course could be improved:

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28) What was the most interesting aspect of the whole course?

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29) What was the least interesting part of the course?

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30) What other types of classes would you be interested in attending?

Please check any that you are interested in:

Socialization classes\_\_\_\_\_ Puppy Play Groups\_\_\_\_\_

Puppy Manners classes\_\_\_\_\_ Canine Good Citizens\_\_\_\_\_

Behavior classes for jumping and pulling when walking\_\_\_\_\_

Teaching Tricks\_\_\_\_\_ Preparing for Therapy Dog Testing\_\_\_\_\_

Any other suggestions\_\_\_\_\_

31) What times and days are convenient for you to attend classes?

Circle as many as you want (remember each class usually last an hour)

**Mondays: AM:** 10:00 11:00 **PM:** 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Tuesdays: AM:** 10:00 11:00 **PM:** 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Wednesdays: AM:** 10:00 11:00 **PM:** 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Thursdays: AM:** 10:00 11:00 **PM:** 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Fridays: AM:** 10:00 11:00 **PM:** 12:00 1:00 2:00 3:00 4:00 5:00 6:00 7:00

**Saturdays: AM:** 10:00 11:00 **PM:** 12:00 1:00