

# Jeff Galloway Training Program Member Evaluation and Feedback

In order to make your city's program the best it can be and keep member satisfaction high, you should continually seek feedback and ideas on how to improve. This should be done on an informal basis throughout the program. However, you should also collect formal feedback.

We recommend that you send an email inquiry out to all program participants about three months into the program. Ask how they are doing, what they like, what they don't like and suggestions for improvement.

Another option is to send out a formal, written evaluation to all program participants at the conclusion of the program and after the race itself. Email or distribute the survey at the Victory Celebration. An example survey is on the next page for your reference.

**Your input is important to us! To help us learn what you liked or disliked about the program to improve it, we ask that you please check and/or print (legibly) your feedback to the following questions. Thank you!**

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

Email address (optional): \_\_\_\_\_

Pace Group Leader Name: \_\_\_\_\_

Pace Group : \_\_\_\_\_

How did you hear about the program initially?

- ☐ Flyer
- ☐ Friend
- ☐ Ad
- ☐ Other (specify) \_\_\_\_\_

What prompted you to sign up?

\_\_\_\_\_

Were you [ ] new to the program or an [ ] alumni? If alumni, list your participation years\_\_\_\_\_

Was this your first 5k/10K/Half/Marathon? [ ] yes [ ] no If no, what other events have you completed?\_\_\_\_\_

Did you finish the 5K/10K/Half/Marathon?

- ☐ Yes
- ☐ No

If yes, what was your finish time?\_\_\_\_\_

If no, reason(s)?

\_\_\_\_\_

What was your goal for the program? *(Check all that apply)*

- ☐ Finish the 5K/10K/Half/Marathon
- ☐ Finish in specific time goal
- ☐ Finish the program
- ☐ Improve fitness level
- ☐ To have fun
- ☐ Other (specify)\_\_\_\_\_

Did you achieve your goal(s)?

- ☐ Yes
- ☐ No

If you feel you did not achieve your goal, please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many group runs did you attend?

- ☐ All
- ☐ Most

- ☐ Some
- ☐ Few

Was your pace group size:

- ☐ Too big
- ☐ Too small
- ☐ Just right!

Was your pace group leader (PGL):

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

Comments:

Were the program directors (PD):

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

Comments:

What did you like best about the program (i.e., camaraderie, refreshments, run schedule/routes, guest speakers, PDs, PGL's, T-shirt, etc.)?

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What did you like least, and why?

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What would make this program more FUN?

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Will you participate in the program again? Why or why not?

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Are you interested in volunteering in the program?

- ☐ Assistant PD
- ☐ PGL
- ☐ Other capacity

Return surveys to: Kelsey@JeffGalloway.com or mail to - Galloway Productions, 4651 Roswell Road, Suite I-802 Atlanta, GA 30342. All submission will be kept anonymous.