



Duluth-Superior Sailing Association How did we do?

Date _____

I came for:

- Youth Lesson Adult Lesson Private Lesson
 Open Sailing Community/Group Sail Other _____

We would like your feedback on how well the program is meeting your needs as well as your suggestions for improving the program.

1. Please circle a number to rate your agreement with each of the following statements about the DSSA program on a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree:

Rating					Statement	
1	2	3	4	5	NA	I learned what I expected to from my DSSA lesson(s)
1	2	3	4	5	NA	Equipment and facilities are sufficient and well maintained
1	2	3	4	5	NA	Timing of DSSA classes fits into my schedule
1	2	3	4	5	NA	DSSA instructors are knowledgeable and fun to sail with
1	2	3	4	5	NA	I would recommend the DSSA program to family or friends
1	2	3	4	5	NA	I will be back to sail with the DSSA again

2. What was the best part about your sailing experience with the DSSA?

3. What part(s) of the DSSA program could use improvement?

4. How did you hear about the DSSA?

Please use the back of this page to share any other thoughts you may have about our program. Include your name and address, phone, or email if you would like us to contact you about any questions or concerns.

Completed surveys may be mailed to: **DSSA, P.O. Box 3094, Duluth MN 55803**

Thank you for completing this survey!