PERSONAL TRAINER EVALUATION

Today’s Date: ____________________

# Sessions Purchased: ______  # Sessions Completed ______

Name of Trainer: ____________________________________________

Please use the following scale to rate each item listed below.
4 = Excellent 3 = Good 2 = Average 1 = Poor N/A = Not Applicable

**During your initial visit, did your trainer:**

- Greet you promptly at the front desk .............................................
- Perform a fitness assessment in a professional manner .....................
- Explain the results of your assessment in a way which was easy to understand and apply .................................................................
- Listen to your goals and needs ......................................................
- Explain components of our services and programs as they related to your needs .................................................................
- Address your questions thoroughly ..............................................

**During follow-up sessions, did your trainer:**

- Give you safe and complete instruction ..........................................
- Assist you in setting short- and long-term goals ................................
- Use a “hands-on” approach when working through your program .......
- Assist you in finding proper exercise intensity and progression ...........
- Provide you with encouragement and feedback ...............................
- Fulfill their role in assisting you to meet your goals .........................

**Overall Rating**

- Overall trainer rating ..................................................................
- Overall effectiveness of the program ............................................

**What was the favorite part of your training session(s)?**

______________________________

**What, if anything, could your trainer improve on? Please check all that apply.**

- Communication skills
- Listening skills
- Ability to motivate you as a client
- Other

______________________________

**Do you feel you received the services as they were described to you?**

- YES
- NO

**Would you recommend the ISU Personal Trainer Program to others?**

- YES
- NO

**ADDITIONAL COMMENTS:**

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**Would you like us to contact you?**

Name: ________________________ Phone: _____________________ Email: ____________________

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