



LEVAN TAEKWONDO FEEDBACK FORM

Please fill in as much or as little as you like and return the form to us- we value your feedback!

If you prefer to give feedback verbally please grab one of the teachers after class for a chat!

Name (optional)

_____ **Class: (Monday / Tuesday / Friday)**

How long has your child been training with LeVan Taekwondo:

Why do you bring your child to Taekwondo (what do you want them to gain from training)?

Please give detail of anything you LIKE and would like to see MORE OF in the class:

Please give detail of anything you DON'T LIKE and would like to see LESS OF in the class:

Any other feedback / comments