



USTA SCHOOL TENNIS STUDENT ASSEMBLY / CLINIC EVALUATION

Name of Clinician _____ Date _____

Name & Title of Person Completing Evaluation _____

School Name _____

Address _____

City _____ Zip _____ Phone _____

School District _____

Estimated number of students in attendance: _____

Was the USTA Colorado Assembly Program a positive experience for you and the students? We would appreciate your comments. _____

Did the USTA Clinician present the assembly in a professional manner? YES NO

Comments: _____

Would you recommend him or her for future Assembly Programs? YES NO

Comments: _____

Did the USTA Clinician provide information on after-school and/or summer tennis programs in the area to all of the students attending the assembly? YES NO

What other information and/or resources would you like to see USTA Colorado provide?

Please return this form to:
Community Development Director
USTA Colorado
3300 East Bayaud Ave., Suite 201
Denver, CO 80209
Fax: (303) 695-7631
kristy@coloradotennis.com