

ART OF THE MASTERS PROGRAM: 2010 SURVEY AND TESTIMONIAL REQUEST

FACILITY NAME: _____ **DIRECTOR NAME:** First _____ Last _____

FACILITY TYPE: Please circle the below that best describes your facility:

[ACTIVE ADULT COMMUNITY] [TOWN SENIOR CENTER] [ADULT DAY CARE] [ASSISTED LIVING] [REHAB CENTER] [NURSING HOME] [HOSPITAL]

INSTRUCTOR YOU HAVE MOST RECENTLY WORKED WITH: Please circle below name:

[CONSTANCE] [MATT] [CHOMIE] [JENNIFER] [CARRIE] [NOAH] [CHRISTINA] [JACKIE]

QUESTIONS – Please circle a number in right column for each question.	Excellent –Good--Acceptable--Disappointing--Poor										
OUR INSTRUCTORS											
1. How would you rate the instructor's presentational skills ? <i>(Does the instructor speak clear & loud enough for your clients)</i>	1	0	9	8	7	6	5	4	3	2	1
2. How would you rate the instructor's organizational skills ? <i>(Does the instructor organize & present the program in an effective & controlled manner)</i>	1	0	9	8	7	6	5	4	3	2	1
3. How would you rate the instructor's hands-on skills with your clients ? <i>(Does the instructor provide the proper help and assistance to your clients)</i>	1	0	9	8	7	6	5	4	3	2	1
4. How would you rate the instructor's relationship with your clients ? <i>(Does the instructor approach your clients in a nice, professional and friendly manner)</i>	1	0	9	8	7	6	5	4	3	2	1
5. How would you rate the instructor's reliability ? <i>(Does the instructor arrive early and start your programs on-time)</i>	1	0	9	8	7	6	5	4	3	2	1
THE PROGRAM											
6. How would you rate our customer service ? <i>(Do we promptly follow-up with your calls, provide enough program support..)</i>	1	0	9	8	7	6	5	4	3	2	1
7. How would you rate our projects w/ respect to your clients' needs ? <i>(With regards to difficulty level – is the program a good fit for your clients)</i>	1	0	9	8	7	6	5	4	3	2	1
8. How would you rate your clients' feelings about the program ? <i>(Do your clients look forward to our programs)</i>	1	0	9	8	7	6	5	4	3	2	1
9. Compared to other programs, how would you rate our cost ? <i>(We supply ALL presentational material, art supplies, music, a designed program & an art instructor)</i>	1	0	9	8	7	6	5	4	3	2	1
10. How would you rate the Art of the Masters Program OVERALL ? <i>(Tell us the truth – Are we doing the best that we can for you and your clients)</i>	1	0	9	8	7	6	5	4	3	2	1
WEB SITE & NEW PRODUCT LINE BEING OFFERED!											
Do you use CreativeNotionsOnline.com to printout your monthly flyers?	<input type="checkbox"/> YES <input type="checkbox"/> NO										
Join our email list to learn and \$AVE on our new art kits, THE PAINTSTRO! which is launching in Spring 2010.	EMAIL: _____										

DIRECTOR TESTIMONIALS for CreativeNotionsOnline.com

Please give us your feelings about the Art of the Masters Program (i.e.: benefits to your residents).
Some of these quotes will be used as testimonials for our marketing material including our web site CreativeNotionsOnline.com:

**FOR OUR NEXT VISIT:
HOW CAN WE ADJUST OUR WORKSHOPS TO BE MORE EFFECTIVE FOR YOUR COMMUNITY**

THANK YOU SO MUCH FOR YOUR TIME & FEEDBACK! PLEASE FAX TO: 973-556-1524