

## **Distance Learning Course Reviewer Form**

	mpletion of the course, review and submit this evaluation form to the provider.  Date:
Course	Increasing Quality Clientele at Your Studio - CEP191188
Autho	Carly Kleiman and Breanne Celiberti
Provid	er organizationPeerfit
	ver's name
	ation
	ion/company
Amou	nt of time to complete course: hrs g exam time, breaks, lunch or repeat viewing of material.)
Please	indicate 'Yes' or 'No' to each of the following questions:
Select	Was the content scientifically accurate and educationally sound?
Select	Were the objectives well-defined and accomplished in the course?
Select	Was the content delivered in an organized and cohesive way?
Select	Was the content up to date and professionally presented?
Select	Did the content include practical applications for use by fitness professionals?
Select	Was the content well-documented with adequate references and/or bibliography?
Select	Was the quiz a valid tool for measuring the amount of knowledge gained from the course?
Select	Were the requirements for the course completion explained well?
Select	Would you recommend that American Council on Exercise recognize this course for continuing education?
,,	Vhy not? racter max)
	ents/recommendations to Author/Provider: racter max. If preferred, you may attach a Word Document.)
By signi	ng this, I agree that I have personally reviewed this course

--- American Council on Exercise: 4851 Paramount Drive, San Diego CA 92123 ---