EVALUATION

Class: _____

Instructor: _____

Please circle the 'most appropriate' answer: **Best/Excellent =5** **Worst = 1**

1.	Instructor's organization and presentation of materials:	**5**	**4**	**3**	**2**	**1**
2.	I received the information & training I expected from this class:	**5**	**4**	**3**	**2**	**1**
3.	Timeliness — class began/ended on time, with timely breaks:	**5**	**4**	**3**	**2**	**1**
4.	Total time allotted for this class:	**5**	**4**	**3**	**2**	**1**
5.	Classroom setting was adequate:	**5**	**4**	**3**	**2**	**1**

6. I would recommend this class to someone else: ☐ **yes** ☐ **no**

7. I recommend this class be offered at future events: ☐ **yes** ☐ **no**

8. I would take another class from this instructor: ☐ **yes** ☐ **no**

9. Any comments? [compliments or complaints]:

_____

_____

_____

_____

10. What other classes [subjects] would you like this studio or instructor to offer?

_____

_____

_____

11. What suggestions can you offer to make this class better?

_____

_____

_____

Name:_____
Optional