CLASS EVALUATION

Class _____Instructor_____

Date_____ Location_____

Did the class live up to your expectations? yes____

no____

Were the objectives of the class clear? yes____

no____

Did the class meet these objectives? yes____

no____

Were the projects doable? yes____

no____

Was the instructor adequately prepared? yes____

no____

Would you recommend the class to others? yes____

no____

What did you like best about the class? _____

_____

What did you like least? _____

_____

How could the class be improved? _____

_____

Suggestions for other classes: _____

_____

Where did you hear about this class? _____

Comments: _____

_____

_____

Name (optional): _____