

Class Session Evaluation

(Level 1)

Session Date/Time: _____ Location: _____

Instructor(s) Names(s): _____

Lesson Topic(s): _____

Your Name and Contact Info: (optional): _____

Phone (opt): _____ Email (opt): _____

There are no wrong answers to this evaluation. Your candid answers will assist the class coordinators and instructors to make this class better for others.

Circle the best answer. Please use the back of this sheet if you want to explain your answers.

1. This session was of interest to me and met a need in my life. If not, please tell us why on the back.	Disagree 1 2 3 4 5	Agree
2. I could see, hear, and understand the instructor and visual aids. If you could not see or hear well, please tell us why on the back.	Disagree 1 2 3 4 5	Agree
3. The lesson was presented at a level that I understood. If you did not please tell us on the back what you did not understand.	Disagree 1 2 3 4 5	Agree
4. The instructor was well prepared to teach this lesson. If not, what did not seem to be prepared?	Disagree 1 2 3 4 5	Agree
5. The instructor's appearance and attitude were engaging. If not, what could be improved?	Disagree 1 2 3 4 5	Agree
6. The classroom was comfortable and conducive to learning. If not, please tell us what could be improved.	Disagree 1 2 3 4 5	Agree
7. The reading material that supports this session was helpful. If not, please tell us what could be improved.	Disagree 1 2 3 4 5	Agree
8. I would encourage others to take this session. If not, why not?	Disagree 1 2 3 4 5	Agree
9. To improve this session what content or element would you DELETE?		
10. To improve this session what content or element would you ADD?		
11. To improve this session what content or element would you USE LESS OF?		
12. To improve this session what content or element would you USE MORE OF?		

Use the back to expand your answers or provide additional comments. Thanks.