

Class Evaluation

Class Name: _____ Date: _____

Name: (Optional) _____

Please use the key below to answer the following questions

N/A = Not Applicable 1 = Absolutely 2 = Mostly 3 = Uncertain 4 = Probably Not 5 = Absolutely Not

____ Was the course beneficial to your personal growth?

____ Did the course expand your knowledge?

____ Did you learn skills that you can apply to your well-being?

____ Was material relevant to your professional activities?

____ Did the instructor know the subject matter?

____ Was the instructor well prepared?

____ Was the instructor attentive to questions?

____ Would you attend another class given by this instructor?

How would you rate the overall value of the program? (Circle one)

a) Excellent b) Good c) Fair d) Poor

Any feedback about the class would be helpful: Concepts clear? Written activities useful? ect.

Is it ok we use this as a testimonial on Lisa's website? Y / N

Is it ok to use your first name, last initial, title and city? Y / N