



EVALUATION FORM

Season	Day of Class
Class Name	Time
Instructor	

Please rate the following with circles around each evaluation number in the right-hand columns.

Instructor Evaluation

- BEGIN AND END ON TIME**
- VERBAL INSTRUCTION**
(Were instructions given clearly)
- INFORMATIVE/ RESOURCEFUL**
- KNOWLEDGE** (of program content)
- ENTHUSIASM**
- CLASS RELATIONS**
(Did the instructor relate to the class?)
- OVERALL PRESENTATION**

poor	fair	good	very good	excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Class Evaluation

- COST OF CLASS**
- LENGTH OF CLASS**
- TIME IT WAS OFFERED**
- PROGRAM CONTENT**
(age appropriate, fun, learning experience, worthwhile)
- MET YOUR NEEDS AND EXPECTATIONS**
- EQUIPMENT**

poor	fair	good	very good	excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Facility Evaluation

- DID YOU LOCATE YOUR ROOM EASILY?**
- OVERALL CLEANLINESS**
- ROOM COMFORT**

poor	fair	good	very good	excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Future Class Information

- Are there any other classes that you would like your child to participate in?**
- What days and times are most convenient for you?**

Circle all the **days** that work best for your schedule:

M Tu W Th F Sa

Circle **time of day** that works best for your schedule:

Mornings Afternoons Evenings