



Adult/Youth Class Evaluation Form

Name (not required): _____ Date _____

Class Evaluating: _____ Day: _____ Time: _____

Instructor: _____ Term: Fall Late Fall Winter Spring

Please complete this evaluation form and email it to the Executive Director at wendy.graeb@theconnectiononline.org or place it in the Evaluation Box located above the water fountains in the Front Lobby. Thank you!

Please rate the following statements regarding your or your child's experience:

	Agree	Unsure	Disagree	NA	Comments
I/my child enjoyed this class					
I/my child gained knowledge and experience					
I/my child will be taking this class next session					
I/my child will be taking a different class next session					
The Class Description accurately describes class					
I am satisfied with the time the class is held					
I am satisfied with the variety and times classes are offered within <u>this</u> department					
I would recommend The Connection to friends					

Please rate the following statements regarding your or your child's Instructor

	Agree	Unsure	Disagree	NA	Comments
Arrives on time & prepared for class					
Teaches in accordance with class description					
Has positive interactions with class participants & provides constructive advice					
Has positive interactions with parents/care givers					
I/my child was challenged enough in this class					
Makes announcements regarding upcoming events & hands out flyers					

Please feel free to make additional comments on the reverse side: _____