



## Class Evaluation Form

Please take a few moments to answer the following questions. Your answers will help us to continue to improve the class for future participants. Your honesty is appreciated (Please use the back if needed).

Class \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Instructor(s) \_\_\_\_\_

1. Was the class what you expected based on what you read or were told before the seminar?

Were the learning objectives clear? Were the class outline and other materials well organised and easy to understand?

2. What were the strengths or weaknesses of the instructor(s)?

3. Was the environment clean and comfortable? Would you have liked anything different?

4. Did you find this seminar to be supportive in your learning at your own pace?

5. How will what you learned in this class be helpful in your practice?

6. What was your overall impression of the class as a learning experience?

7. Any other comments or thoughts you would like to share with us?

8. What classes would support you in your learning in the near future?

Name (Optional) \_\_\_\_\_