

# CLASS EVALUATION

Your responses to the following questions will help us to continue to meet the needs of families. Thank you for your time and attention.

1. Overall satisfaction with this class: (Please circle one.)

Not Satisfied					Very Satisfied
1	2	3	4	5	

2. Do you feel your instructor was well prepared and knowledgeable?

3. The most helpful parts of class were...

4. The instructor was effective because...

5. The instructor would be more effective by...

6. Were topics presented in a fair and accurate manner?

7. Additional comments...

Name (Optional) \_\_\_\_\_ Care Provider / Hospital: \_\_\_\_\_

Instructor: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Type of class: \_\_\_\_\_