



## Class Survey

Class Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

1. Were the class materials well organized and easy to follow?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

2. Did the course provide ideas and tools that you can use?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

3. What did you like most about the class?

4. What did you like least about the class?

5. How would you rate the instructor?

\_\_\_ Poor    \_\_\_ Average    \_\_\_ Good    \_\_\_ Very Good    \_\_\_ Excellent

6. Comments about the instructor and/or class?