

Class Evaluation

Class Name: _____

Class Leader: _____

Date: _____

Client Name: _____

	Excellent	Good	Fair	Poor
Quality of information presented				
Quality of presentation				
Opportunities for questions and audience participation				
Instructors handling of questions, overall				
Quality of material accompanying the presentation				

1. Were there any topics within the class that you would like further information about? Y or N
Please specify: _____

2. What were the most useful and informative parts of the presentation for you personally?

3. What new action steps, habits, or changes will you make in your life to improve your health as a result of attending this class? (Knowledge becomes powerful only when it is applied).

4. What could be added to the class to make it more helpful ?

Suggestions: _____

5. Can we use your comments in our marketing materials? Y or N

Please sign: _____

Lori Esarey, ARNP, appreciates your feedback and your attendance to this class.