

Class Name:

Class Evaluation

Class Leader:				
Date:				
Client Name:				
	Excellent	Good	Fair	Poor
Quality of information presented	0	0	0	0
Quality of presentation	O	0	0	0
Opportunities for questions and audience participation	0	0	0	0
Instructors handling of questions, overall	0	0	0	0
Quality of material accompanying the presentation	0	0	0	0
				Yes
1. Were there any topics within the class that you would like further information about? No				
Please specify:				
ricuse 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).				
result of attending this class: (Knowledge bet	comes powerrar or	ily Wileli 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?				
-	No			
Please sign:				

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