

## Class Evaluation

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

Class Leader: \_\_\_\_\_

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

Client Name: \_\_\_\_\_

	Excellent	Good	Fair	Poor
Quality of information presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for questions and audience participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructors handling of questions, overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of material accompanying the presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yes

1. Were there any topics within the class that you would like further information about? No

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?

Yes  
No

Please sign: \_\_\_\_\_

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