

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.