



Chattahoochee Handweavers Guild Class and Instructor Evaluation

Date _____

This is a short survey that we will use to improve the content and quality of our classes. Please help us by taking a few minutes to complete this Evaluation and email back to classes@chgweb.com or mail back to CHG.

Name (optional): _____

Instructor's Name: _____

Class Name (and Number): _____

Time and Day of Class: _____

Term (circle one): FALL WINTER SPRING SUMMER

Description of Scale: 1-poor 2-fair 3-good 4-very good 5-excellent

Please rate the instructor in the following areas:

Knowledge 1 2 3 4 5 N/A

Enthusiasm 1 2 3 4 5 N/A

Lesson Planning 1 2 3 4 5 N/A

Presentation Skills 1 2 3 4 5 N/A

Helpfulness 1 2 3 4 5 N/A

Please rate the class in the following areas:

Content 1 2 3 4 5 N/A

Course length 1 2 3 4 5 N/A

Met expectation 1 2 3 4 5 N/A

Overall Satisfaction 1 2 3 4 5 N/A

How did you hear about CHG classes?

(circle all that apply)

Newspaper Brochure Internet Friend

Other _____

Would you change anything?

Yes No

If Yes, what? _____

Please let us know of what other classes you would like offered and give us any additional feedback that is important to your learning experience (Use back, if necessary.):

