

## **Adult/Youth Class Evaluation Form**

Name (not required):\_\_\_\_\_\_ Date\_\_\_\_\_

Class Evaluatir	າg:					. Day: _		Time:
Instructor:					Term:	Fall	Winter	Spring
C	Chris.Bon	ner@the above	connection the water	ononline.or fountains	and email it t g or place it i in the Front L	n the E obby. 1	valuation Γhank yoυ	Box located
	Agree	Unsure	Disagree	NA	egarding youı 	or yo		experience: nments
I/my child enjoyed this class								
I/my child gained knowledge and experience								
I/my child will be taking this class next session								
I/my child will be taking a different class next session								
The Class Description accurately describes class								
I am satisfied with the time the class is held								
I am satisfied with the variety and times classes are offered within this department								
I would recommend The Connection to friends								
	Dlease r	ate the fo	allowing s	tatements	regarding you	ır or va	our child's	Instructor
	Agree	Unsure	Disagree	NA NA	legaranig you	11 O1 y		mments
Arrives on time & prepared for class								
Teaches in accordance with class description								
Has positive interactions with class participants & provides constructive advice								
Has positive interactions with parents/care givers								
I/my child was challenged enough in this class								
Makes announcements regarding upcoming events & hands out flyers								
Please feel free to	make addit	tional comme	ents on the re	verse side:				

5/31/24 S/Form/Class Evaluation Form