



# EVALUATION FORM

Class/Workshop: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

As part of providing a diverse and interesting class/workshop schedule, BAGS is asking all class and workshop participants to complete the following assessment table at the end of each Term or Workshop. Your feedback to Committee of Management and program Coordinators is greatly appreciated.

For each statement, please check if you agree or disagree using a rating scale from “1” to “5”. A rating of “1” indicates that you strongly disagree with the statement and a rating of “5” indicates that you strongly agree and “3” is the level where you neither agree nor disagree.

Categories	Check your response				
	Strongly Disagree – Strongly Agree				
<b>Class/Workshop Content</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The class met my expectations					
The class moved at the right pace					
I felt I learned new skills this term					
<b>Facilities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The facilities were comfortable and had adequate equipment/space					
The sessions lasted the right amount of time					
<b>Teacher</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The teacher conveyed appropriate knowledge and assistance					
The teacher was well prepared					
The teacher managed the class well					
<b>General Satisfaction</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I was generally very satisfied with all aspects of the class/workshop					
I would recommend this class/workshop to other people					

Further comments or class/workshop suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your time and consideration in filling out this form.  
 Your feedback as a member is very important to the ongoing success of BAGS.**

Please indicate whether you will be continuing in this class next term and **return to office or wooden payment box if after hours.**

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

Continuing YES/NO. If NO please provide reason why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_