

**EVALUATION FORM
PLAIN LANGUAGE OVERVIEW**

To help improve this class, we need your feedback. Please take the time to complete this short questionnaire. Use a scale of 1 to 10. (1 = Bad and 10 = Great)

1. How would you rate this class overall? _____

Comments:

2. Based on the objectives, how successful were we at meeting our objectives? _____

Comments:

3. How would you rate the instructor? _____

Comments:

4. How would you rate the instructional exercises? _____

Comments:

5. Do you have any additional suggestions or comments (logistics, instructor, content, handouts)?

(Optional) Name _____ Phone _____ Office _____