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____________