

# Feedback Form

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Topic taught: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Rate the session in the following categories from 1 – 5, with 1 being “needs improvement” and 5 being “excellent.” If any category does not apply to this session, check N/A.

Category	1	2	3	4	5	N/A
<b>Overall Classroom Presentation</b>						
Spoke clearly and at an appropriate volume						
Explained things adequately						
Well-paced presentation kept students engaged with anecdotes, questions, etc.						
Instructor maintained comfortable stance						
Made use of good visual aids						
<b>Overall Hands-On Portion (if applicable)</b>						
Clearly described the goals of hands-on exercise						
Demonstrated use of prop						
Provided access to appropriate tools and materials						
Stressed safety concerns						
Connected hands-on work to classroom learning						
What was the best, most effective part of this session?						
Please let us know if you have any suggestions for improving this session:						