Student Feedback Form

Tell us about YOU:

Name: __________________________

Grade (Circle one): 2 3 4 5 6 7 8 9 10 11 12

Tell us about this CLASS:

Title: ____________________________________________

ID# __________________

Year: ________________  Session [Circle one]: Spring Summer Fall Winter

Instructor Name

<table>
<thead>
<tr>
<th>Instructor Name</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Not Good</th>
<th>Poor</th>
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My instructor was good at explaining things

My instructor was a good listener and helped me when I needed it

I understood the learning goals of the class

I felt comfortable asking questions and participating

I am more curious about this topic after taking this class

This class challenged me

I want to take more Saturday Academy classes

What did you like best about this class? ____________________________________________

_________________________________________________________________________________

What would you change about this class? ____________________________________________

_________________________________________________________________________________

10/12/15

rev. expt