



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



Excellent Good Average Not Good Poor

	Excellent	Good	Average	Not Good	Poor

Yes! Sort of Maybe Not really No!

	Yes!	Sort of	Maybe	Not really	No!
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? _____
