



CLASS EVALUATION

Class topic: _____ Class date: _____ Instructor: _____

Please indicate your agreement with the following statements using the scale:
1 - strongly disagree, 2 - disagree, 3 neutral, 4 - agree, 5 - strongly agree

	1	2	3	4	5
The instructor was organized, well-prepared and utilized class time effectively.	<input type="checkbox"/>				
The instructor demonstrated solid knowledge of the subject matter.	<input type="checkbox"/>				
The presentation of content was clear and easy to follow.	<input type="checkbox"/>				
The description and promotion of the class sufficient.	<input type="checkbox"/>				
The class size was appropriate for productive learning experience.	<input type="checkbox"/>				
Overall, this class met my expectations.	<input type="checkbox"/>				
I would recommend this class to others.	<input type="checkbox"/>				

VAC values your opinion and we invite you to provide honest and constructive comments to help us improve our classes and instruction. (For example, what aspects of the class were the best, what contributed most and least to your learning experience, what changes might improve class learning experiences, or other feedback or suggestions for VAC and/or the instructor.)

What other type classes, if offered, would you be interested in attending?

Name (optional):
Revised 1/4/26