

**Brecksville Center for the Arts
Class Feedback**

Class Name _____ **Class #** _____
Instructor _____

Overall class evaluation:

_____ **excellent** _____ **very good** _____ **good** _____ **average** _____ **poor**

Please rate the following questions using the 1-5 scale, one (1) being poor and five (5) being excellent, and NA if it is not applicable to your class.

- | | | | | | | |
|---|---|---|---|---|---|----|
| Instructor had knowledge of the subject. | 1 | 2 | 3 | 4 | 5 | NA |
| Instructor was organized. | 1 | 2 | 3 | 4 | 5 | NA |
| Instructor was attentive to each/all students. | 1 | 2 | 3 | 4 | 5 | NA |
| Class covered material as described in class schedule. | 1 | 2 | 3 | 4 | 5 | NA |
| Class length was ample to cover material/ finish projects. | 1 | 2 | 3 | 4 | 5 | NA |
| Class encouraged student to think, be creative/ participate. | 1 | 2 | 3 | 4 | 5 | NA |
| Class further stimulated student interest in the subject | 1 | 2 | 3 | 4 | 5 | NA |
| Class met student expectations. | 1 | 2 | 3 | 4 | 5 | NA |
| Please rate the value of this class in terms of cost | 1 | 2 | 3 | 4 | 5 | NA |
| Room, equipment, lighting, etc. was sufficient for student and class needs. | 1 | 2 | 3 | 4 | 5 | NA |
| Student would take another class with this instructor | 1 | 2 | 3 | 4 | 5 | NA |
| BCA staff & volunteers were helpful. | 1 | 2 | 3 | 4 | 5 | NA |

Class was held at BCA _____ Blossom Hill _____ Human Services _____ Other _____

How did you hear about BCA (check all that apply) Newspaper _____ picked up a schedule _____ saw flyer _____ friend _____ online _____

Where did you get your class schedule? _____

I would be interested in the following classes for myself, friends, and/or children:

OPTIONAL: Name _____ **Phone #** _____ **Date** _____

Completed forms can be returned to the BCA Office or dropped in a "BCA Class Feedback Form" box. One is located outside the BCA office and another is located on the table as you enter Blossom Hill.

THANKS!