

Mid-Hudson Regional Information Center

CLASS FEEDBACK FORM

Class _____ Instructor _____

Date _____ Location _____

Please tell us what you thought of this class by completing this two-sided form and turning it in at the end of class. Thanks!

The Class Content:

Please circle the appropriate number
1=lowest 5=highest

- | | | | | | |
|---|---|---|---|---|---|
| 1. Information was relevant personally and/or professionally. | 1 | 2 | 3 | 4 | 5 |
| 2. Course content met my expectations. | 1 | 2 | 3 | 4 | 5 |
| 3. Useful ideas, techniques, and skills were presented. | 1 | 2 | 3 | 4 | 5 |
| 4. My understanding of this topic was increased. | 1 | 2 | 3 | 4 | 5 |
| 5. The handouts are helpful. | 1 | 2 | 3 | 4 | 5 |
| 6. Overall, the class met my expectations. | 1 | 2 | 3 | 4 | 5 |

The Trainer:

- | | | | | | |
|--|---|---|---|---|---|
| 1. The trainer was knowledgeable about the topic. | 1 | 2 | 3 | 4 | 5 |
| 2. Delivered content in a structured manner; was easy to follow. | 1 | 2 | 3 | 4 | 5 |
| 3. Responded effectively to questions. | 1 | 2 | 3 | 4 | 5 |

The Logistics:

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 1. Seating was comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. Room temperature was comfortable. | 1 | 2 | 3 | 4 | 5 |
| 3. Trainer was easy to hear. | 1 | 2 | 3 | 4 | 5 |

What would you like to tell us about your experience today? _____

What was the best feature of this class? _____

The class could be improved by _____

What other classes/topics would you like to see the MHRIC offer? _____

Additional comments _____

May we use your comments and name in our newsletter? Yes ___ No ___

Name _____ District _____

Building _____ Position _____

Phone _____ Email Address _____