



Class Evaluation Form

Instructor Name:	Class:
Day Offered:	Time Offered:
I felt the class was: ___Excellent ___Good ___Fair ___Poor	
Did you enjoy the class? Please circle and add any comments.	<ul style="list-style-type: none"> • Yes • No
Was the class session well organized? Please circle and add any comments.	<ul style="list-style-type: none"> • Yes • No
Would you take this class again or recommend it to others? Please circle and add any comments.	<ul style="list-style-type: none"> • Yes • No
How could this class be improved?	
Please list classes you would like to take, but are not currently offered.	
Would you refer Two Twelve Arts Center to others? Please circle and add any comments.	<ul style="list-style-type: none"> • Yes • No
What is your preferred time for classes? Day: M T W TH F SA SU Time: Morning Afternoon Evening If evening what would be a good time to start class? End class?	
Please contact me: Yes No	
Name (Optional):	Phone/E-mail:

Thank You for Your Time!