**Great Lakes Region**

**Seminar Teacher Evaluation Form**

**TEACHER’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASS TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMINAR YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This questionnaire has been designed to help your teacher learn about those aspects of their teaching and class that have been the most, and the least, helpful. Please rate by circling the appropriate number – add any comments and thanks in advance for your participation!**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5 (YES!)** | **4 (Yes)** | **3 (OK)** | **2 (No)** | **1 (NO!)** | **N/A** |
|  |  |  |  |  |  |  |
| 1. **Was the class as described in the registration materials?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Did you receive adequate information from your instructor before class?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **If your class included a kit, were the materials furnished adequate in amount and of good quality?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Considering in-class instructions as well as the written materials provided, do you think you have enough information to complete the project later?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Was the instructor’s presentation organized and were verbal instructions clear and understandable?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Did you feel like you had help available when needed?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Did this class meet your expectations?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Would you recommend this instructor to a friend?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 1. **Was this an enjoyable class?** | **5** | **4** | **3** | **2** | **1** | **N/A** |

**COMMENTS (please use the reverse side if more room is needed):**