

VISION Home and Community Program Educator Feedback

Educator Name: _____ Class or Subject: _____

Date Evaluation Completed: _____

Please answer the following questions when you have finished working with an Educator for a class or in a subject area. Site specific examples, when possible, to help us understand you answers. Please give the completed form to your Resource Consultant or drop off at the office for the Educator Coordinator. Your responses will remain confidential.

- 1) What was the intended purpose for taking the class? Credit, exposure, other?

- 2) Did the class satisfy your purpose and prepare you for the next step in your education?

- 3) What was the teaching style of the Educator? Was this compatible with your preferred learning style?

- 2) Were the objectives of the course clearly defined at the beginning of the class?

- 4) Did the Educator treat you and others in the class with respect?

- 5) Did the Educator hold your interest and keep you actively involved in the class?

- 6) Would you take another class from this Educator?

- 7) If you had a concern with this Educator, did you share it with the Educator?

*Name

*Phone Number (*optional)