

**2007-2008**  
**VISION Home and Community Program Compiled Educator Feedback**

Educator Name: Beth Pertz Class or Subject: Reading

- 1) What was the intended purpose for taking the class? Credit, exposure, other?  
Credit: \_\_\_\_\_ Exposure: \_\_\_\_\_ Other: reading intervention  
Comment:
  
- 2) Did the class satisfy your purpose and prepare you for the next step in your education?  
Yes: x No: \_\_\_\_\_ Comment:
  
- 3) What was the teaching style of the Educator? Was this compatible with your preferred learning style? Teaching Style: \_\_\_\_\_  
Compatible : Yes: x No: \_\_\_\_\_  
Comments:
  
- 4) Were the objectives of the course clearly defined at the beginning of the class?  
Yes: x No: \_\_\_\_\_  
Comments:
  
- 5) Did the Educator treat you and others in the class with respect?  
Yes: x No: \_\_\_\_\_  
Comments:
  
- 6) Did the Educator hold your interest and keep you actively involved in the class?  
Yes: x No: \_\_\_\_\_  
Comments:
  
- 7) Would you take another class from this Educator?  
Yes: x No: \_\_\_\_\_ Not Sure: \_\_\_\_\_  
Comment:
  
- 8) If you had a concern with this Educator, did you share it with the Educator?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ No Concerns: x  
Comment:

Total Number of Responses: 1

