2007-2008
VISION Home and Community Program Compiled Educator Feedback

Educator Name: _Jason Gressman_____ Class or Subject: __Hands on Science

1) What was the intended purpose for taking the class? Credit, exposure, other?
Credit: ____x___ Exposure: _____x_____ Other: __Fulfill science need, general science basics with some experiements, learn more science, _
Comment:

2) Did the class satisfy your purpose and prepare you for the next step in your education?
Yes: ____x____ No: _____x_____ Comment: Absolutely, daughter loved class however for the time and price wouldn't do again, need more time to meet CSAP standards, when parents had ideas Jason listened and implemented them when able,

3) What was the teaching style of the Educator? Was this compatible with your preferred learning style? Teaching Style: ____Hands on, classroom_____
Compatible : Yes: _____x_____ No: _____
Comments: structured, clear, worked well with all my kids,

4) Were the objectives of the course clearly defined at the beginning of the class?
Yes: _____x_____ No: _____
Comments: His outlines and schedules were great,

5) Did the Educator treat you and others in the class with respect?
Yes: _____x____ No: _____x_____
Comments: He has the respect of my children because of the person he is,

6) Did the Educator hold your interest and keep you actively involved in the class?
Yes: _____x____ No: _____
Comments: Completely, they were always sharing info they learned with parents,

7) Would you take another class from this Educator?
Yes: _____x_____ No: _____x_(2)_____
Comment: needs to be longer and 2 days per week

8) If you had a concern with this Educator, did you share it with the Educator?
Yes: _____x_____ No: _____x_____ No Concerns: _____x____

Total Number of Responses: _____11_____