

2007-2008

**VISION Home and Community Program Compiled Educator Feedback**

Educator Name: Julie Mulford Class or Subject: Hands on Science

- 1) What was the intended purpose for taking the class? Credit, exposure, other?  
Credit: x Exposure: x Other: general science basics with creative experiments,  
Comment:
- 2) Did the class satisfy your purpose and prepare you for the next step in your education?  
Yes: x No: x Comment: Needed to be at least two days a week in order to comply w/CSAP standards,
- 3) What was the teaching style of the Educator? Was this compatible with your preferred learning style? Teaching Style: hands on, real fun, active  
Compatible : Yes: x No: \_\_\_\_\_  
Comments:
- 4) Were the objectives of the course clearly defined at the beginning of the class?  
Yes: x No: x  
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: x  
Comments:
- 7) Would you take another class from this Educator?  
Yes: x No: x Not Sure: \_\_\_\_\_  
Comment: I would take math from her
- 8) If you had a concern with this Educator, did you share it with the Educator?  
Yes: x No: x(1) No Concerns: \_\_\_\_\_  
Comment:

Total Number of Responses: 5

