

2007-2008

VISION Home and Community Program Compiled Educator Feedback

Educator Name: Laura Peck Class or Subject: Sign Language

- 1) What was the intended purpose for taking the class? Credit, exposure, other?
Credit: _____ Exposure: x Other: learning more sign language, signing with more confidence, beginning learning,
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: one on one
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: x No: _____ No Concerns: x
Comment:

Total Number of Responses: 2

