

Guild of Creative Art
Class/Workshop Instructor Evaluation Form (for students)

**Instructors: please give form to your students at the last session and collect at the end class.
Place all evaluations in Bill Alcaro's file.**

Class/Workshop title: _____

Instructor: _____

Starting Date: _____ Ending Date: _____

(Please rate from 1 to 5. 1 = lowest and 5 = highest)

Did the Class/Workshop meet expectations? 1 2 3 4 5

Please comment: _____

Did the Instructor meet expectations? 1 2 3 4 5

Please comment: _____

Would you recommend this class/workshop? 1 2 3 4 5

Would you take another class/workshop with this instructor? Yes___ No___

Please suggest areas for improvement: _____

Are there classes or workshops that the Guild currently does not offer that would be of interest to you? _____