

NewTV WORKSHOP EVALUATION

Please take the time to complete this evaluation at the end of the class or workshop. Thank you!

Class/Workshop Name _____ Session # _____

Instructor _____ Date _____

Strongly Agree Agree Disagree Unsure

- | | | | | |
|--|-------|-------|-------|-------|
| 1. I learned what I expected in the class. | _____ | _____ | _____ | _____ |
| 2. The instructor was clear and coherent. | _____ | _____ | _____ | _____ |
| 3. I enjoyed the class. | _____ | _____ | _____ | _____ |

4. I learn by (circle all that apply): a. Hands-on experience
b. Reading manuals c. Repetition d. Watching someone else.

5. What did you find to be the most helpful aspect of the class?

6. What did you like least about the class?

7. The class could have been improved by:
