

# Touch for Health Kinesiology Association



## Class Evaluation

NAME \_\_\_\_\_ DATE \_\_\_\_\_ COURSE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CLASS DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

Three words to describe your experience of this course are:

\_\_\_\_\_

General impression of the course: 1 2 3 4 5 6 7 8 9 10 Very satisfied

How much impact did the course have: 1 2 3 4 5 6 7 8 9 10 Great Impact

Overall, this course 1 2 3 4 5 6 7 8 9 10 Surpassed my expectations

Please comment on each of the following, including suggestions for improvement:

(use the back of the sheet if necessary)

- Instructor and Teaching Methods \_\_\_\_\_  
\_\_\_\_\_
- Classroom environment \_\_\_\_\_  
\_\_\_\_\_
- What did you like the MOST about the course? \_\_\_\_\_  
\_\_\_\_\_
- What did you like the least? \_\_\_\_\_  
\_\_\_\_\_
- What were the most practical and relevant things you learned? \_\_\_\_\_  
\_\_\_\_\_
- How and when will you use what you learned? \_\_\_\_\_  
\_\_\_\_\_
- Add comments and Suggestion \_\_\_\_\_  
\_\_\_\_\_