**Class/Workshop Feedback Form**

Your feedback about the classes you’ve taken and your overall experience are invaluable in helping us to plan for future classes and make necessary changes to the program. Thank you for your participation!

Class Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the number that best describes your experience with 5 = exceptional and 1 = poor.

The instructor was adequately prepared for the class. 1 2 3 4 5

The pace of instruction was comfortable. 1 2 3 4 5

I was able to get the amount of individualized instruction I needed. 1 2 3 4 5

I would recommend this instructor’s classes to others. 1 2 3 4 5

My overall experience at The Gem Center was positive. 1 2 3 4 5

(Optional) Please use this space to tell us about any ideas, suggestions, comments and/or concerns you might have:

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Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR INSTRUCTOR AT THE END OF YOUR CLASS. THANK YOU!**