

Center Point Independent School District Community Education Instructor Evaluation Form

215 China Street PO Box 377 Center Point, Texas 78010 830-634-6124 Fax: 830-634-2254 www.cpsid.net

Class _____ Course Number _____ Instructor _____ Date _____

- 1. What is your overall rating of the class? Very High High Medium Low Very Low
- 2. What is your overall rating of the instructor? Very High High Medium Low Very Low
- 3. Did the class follow the catalog description? Yes No

Comments: _____

4. What aspects of the class did you like the best?

- 5. Do you have any suggestions for improvement? Yes No (please list below)

Comments: _____

6. What other classes would you like to see offered? (If you know of a potential instructor, please provide their name and phone number)

- 7. Would you attend a class from this instructor again? Yes No (list below why or why not)

- 8. Would you recommend this class to someone else to take? Yes No (list below why or why not)

9. How did you learn about this class and/or the Center Point Independent School District Community Education Program? CATALOG SCHOOL WEBSITE FRIEND OTHER _____

10. Name, address, phone number (Optional): _____

Thank you for your participation in Center Point Independent School District Community Education Program. Our goal is to provide outstanding, informative, and interesting community education classes. Please help us by filling out this form. You can leave it with your instructor, mail it, or drop it off at the secondary library or administration office. We hope to see you again soon. Contact Shirley Wright, Community Education Coordinator if you have any questions or suggestions.