

BCAE



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CLASS EVALUATION FORM

The BCAE strives to offer the best programming available. Your input is invaluable to helping us achieve our goals. Please take a moment to fill out this short, anonymous survey.

Class Title: _____ Instructor Name: _____

Today's Date/Class End Date _____

	Poor	Fair	Good	Very Good	Excellent
The instructor was well prepared	1	2	3	4	5
The instructor was knowledgeable about subject area	1	2	3	4	5
The instructor was clear and easy to follow	1	2	3	4	5
The instructor was enthusiastic about teaching	1	2	3	4	5
The instructor encouraged questions and participation	1	2	3	4	5
Overall instructor rating	1	2	3	4	5
Class content was consistent with class description	1	2	3	4	5
Was the class content consistent with your expectations	1	2	3	4	5
Allotted class time was well utilized	1	2	3	4	5
Overall Class rating	1	2	3	4	5

Was class length appropriate for the subject matter? Too Long Just Right Too Short

Additional comments about class: _____

Additional comments about Instructor: _____

What other BCAE classes would you be most likely to take? _____

Suggestions for future class offerings: _____

	Poor	Fair	Good	Very Good	Excellent
Student Services Staff was courteous and helpful	1	2	3	4	5

If you answered Good (3) or below for any question, please tell us how we can improve: _____

Would you like a follow up call or email from Student Services Staff about your experience? If so, please provide your contact information. _____

Please check here if you give the BCAE consent to use your comments internally or for marketing purposes.

Thank you!