

Institute for Career Development Cleveland

Please give us feedback about _____ with _____ Date _____

Your comments help us to improve our classes. Please be candid and as detailed as you can be in your comments.

	Strongly agree			Strongly disagree	
The instructor demonstrated knowledge of the subject.	5	4	3	2	1
You would sign up for another class with the instructor.	5	4	3	2	1
The ideas were presented at a level you could understand.	5	4	3	2	1
The instructor challenged you to think.	5	4	3	2	1

Were your expectations met? Please explain briefly. _____

What did you like best? _____

How would you improve on the class? _____

What do you plan to use from what you learned in the class? Where will you use it? _____

Any comments regarding the location, scheduling, facilities or equipment? _____

Were you notified of any class changes?	Yes	No	Not applicable
Were all scheduled classes completed?	Yes	No	Not applicable
Did the classes start and end on time?	Yes	No	Not applicable

What other classes would you like to see offered? _____

******Use reverse side for more suggestions or comments.******

Do you think you improved in any of the following skill areas? Please check the top four.

- | | | |
|---|---|---|
| <input type="checkbox"/> Learning to learn (study skills) | <input type="checkbox"/> Listening | <input type="checkbox"/> Negotiating skills |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Creative thinking | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Computation (doing math) | <input type="checkbox"/> Motivation | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Oral communication | <input type="checkbox"/> Interpersonal skills (dealing with other people) | |

Thank you very much!

