

Saratoga Recreation Department  
**Class Evaluation Form**

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

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

SA = Strongly Agree

A = Agree

U = Undecided

D = Disagree

SD = Strongly Disagree

- |  |    |   |   |   |    |
|--|----|---|---|---|----|
| 1. Registration for this class was not difficult.                    | SA | A | U | D | SD |
| 2. The Saratoga Recreation Dept. staff was professional and helpful. | SA | A | U | D | SD |
| 3. The facility for the class was clean and well-equipped.           | SA | A | U | D | SD |
| 4. The class atmosphere was friendly and supportive.                 | SA | A | U | D | SD |
| 5. The instructor was well-prepared and punctual.                    | SA | A | U | D | SD |
| 6. The instructor employed effective teaching strategies.            | SA | A | U | D | SD |
| 7. I will be able to use information from this class in the future.  | SA | A | U | D | SD |
| 8. Overall, I felt my time in the class was well spent.              | SA | A | U | D | SD |

9. What was the best thing about this class or program?

10. What could be done to improve your experience?

11. What other classes or programs would you like to see offered?