

## **Youth Instructor Evaluation**

O Terrible

Date:

Instructor:

**Session Title:** 

Please check the best describe your learning from the program	Definitely Yes	Probably Yes	Might or Might Not	Probably Not	Definitely Not
I learned something I didn't know.	0	0	0	0	O
What I learned was easy to understand	O	•	<b>O</b>	O .	O
What I learned is important to me	•	O	O	<b>O</b>	O

What will you do differently now?

Please check the that best describe your learning from the program	Definitely Yes	Probably Yes	Might or Might Not	Probably Not	Definitely Not
The teacher made me want to learn	0	0	0	0	0
It was easy for people to ask questions	0	0	•	O	O
It was easy for people to participate in the program	O	O	•	•	O
I felt included in the group	O	<b>O</b>	•	O	O
I will use what I learned	O	•	<b>O</b>	O	o

What is your overal	I rating for this session?	1		
O Excellent	O Good	O Okay	O Poor	

What could make this class better?