Faculty Staff Fitness

Sound Minds. Sound Bodies. Oregon State University OSU College of Public Health and Human Sciences

Evaluation Form

Please turn into
123 Langton Hall
Open M-F 8-4:30pm

Name of Instructor:_____

Class Attending:_____

Name (optional):_____

Term:_____

1.) Have you seen and felt improvements in your abilities since taking this class?

_____ yes
_____ no
_____ other

comments:_____
_____
_____

2.) Was the instruction during the classes clear and understandable?

____ yes
____ no
____ other

comments:_____
_____
_____

3.) What more would you like to see in this class?

_____
_____
_____

4.) Was there enough variety?

___yes
___no

comments:_____
_____

5.) Were any of the FSF events announced? ____yes ____no

6.) Was the instructor approachable for questions? ____yes ____no

7.) Overall rating of the class: 1 (unsatisfactory) 2 3 (good) 4 5 (excellent)

Other Comments:

_____
_____
_____