



Palo Alto Adult School
Class Evaluation

STUDENT NAME

PHONE / EMAIL

DATE TEACHER'S NAME CLASS NAME ROOM NUMBER

How did these activities contribute to your learning experience?

	VERY USEFUL	USEFUL	NOT USEFUL	N/A
(A) In class projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Small group work (2-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Large group work (5+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Practice activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Instructor demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Textbook and classroom materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us a little more about your learning experience. Please use the back if you need more space.

1. Why did you take the class? How did the class help you to achieve your goal?

2. What's the most useful thing you learned and why was it useful?

3. How will you use the skills you learned in the class?

4. How did you hear about this class?

5. What other PAAS classes have you taken in the last 3 years?

6. Do you have other comments for your instructor?

7. On a scale of 1-10, how likely are you to refer PAAS to a friend or colleague? Please circle:

Not at all likely 1 2 3 4 5 6 7 8 9 10 Extremely likely