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CLASS ITEM NUMBER: **\_\_\_\_\_\_\_**  CLASS TITLE: **­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NUMBER ENROLLED: **\_\_\_\_\_\_\_\_\_\_**WAIT LIST **\_\_\_\_\_\_\_\_\_\_**

INSTRUCTOR: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Quarter: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Answer “Yes”, “Somewhat”, or “No”.  Comments are encouraged.**

1. Was the course stimulating? Yes \_\_\_\_ Somewhat \_\_\_\_ No \_\_\_\_
2. Was the course well organized and presented? Yes \_\_\_\_ Somewhat \_\_\_\_ No \_\_\_\_
3. Was the class presented as described in the Yes \_\_\_\_ Somewhat \_\_\_\_ No \_\_\_\_

brochure?

1. Was class participation encouraged? Yes \_\_\_\_ Somewhat \_\_\_\_ No \_\_\_\_
2. Would you recommend this course to others? Yes \_\_\_\_ Somewhat \_\_\_\_ No \_\_\_\_
3. What changes in the course would you suggest (number of sessions, scope, use of microphone, etc.)?  Explain.
4. What other kinds of courses would you suggest?
5. Do you know of any other instructors we could contact who may be interested in teaching a class for CRI? What is their area of expertise? How may we contact this individual?
6. Additional Comments: