

**FWCS Neighborhood Connection
Instructor Evaluation**



Instructor Name: _____

Course Name: _____

Please rate your experience with the following (5 being the best):

Communication with Neighborhood Connection Staff: 5. 4. 3. 2. 1.

Function of facility and classroom: 5. 4. 3. 2. 1.

Your overall teaching experience with Neighborhood Connection: 5. 4. 3. 2. 1.

Would you recommend instructing this program to others? Yes No

Did the course description clearly outline your course? Yes No

If not please note suggested changes to the description:

Your suggestions for improvement/comments:

Are there any other programs you would like to teach?

Optional: I give permission to use my name and comments in promotional material.

Signed: _____

Thank you for your input!

*Return this form along with the participants' evaluations
to FWCS Neighborhood Connection, 1200 South Barr Street, Fort Wayne, IN 46802.*