|  |  |
| --- | --- |
| What class or session are you evaluating?  Library name / Instructor’s name / Class # / Class Date |  |
| How engaged was the class? | Very / Somewhat / Not Very |
| In what particular parts of the class did you see people most engaged? |  |
| In what particular parts of the class did you see people the least engaged? |  |
| Did you add or change any of the class content? | Y \ N |
| If yes, what did you change and why? |  |
| What was the most challenging part of the class? |  |
| Do you feel like the class learning objectives were met? | Y \ N |
| What (if anything) do you think could be changed or added to with respect to the curriculum or slide content? |  |