

CLASS FEEDBACK FORM

Your name.....
Email address: Phone no:
Date of class:/ / or block dates

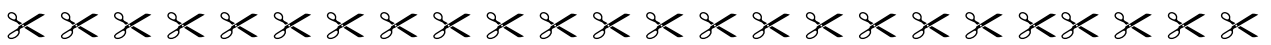
Which type of class did you attend?

What are your aims/objectives/expectations of this class or block of classes:
.....
.....
(Please give as much detail as possible)

Was your aim/objective/expectation met? YES / NO &
Did you enjoy the class? YES / NO
Please give as much positive or negative feedback and info as possible).....
.....
.....

Thanks for taking the time to give me feedback, *Susan Cockburn*

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