## **Class Feedback Questionnaire**

Thankyou for taking the time to complete this questionnaire, your feedback is most appreciated.

Class Title and Tutor Name:	Date:	Location:

	(Please tick the appropriate box)	Excellent		Satisfactory		Poor
1.	I found the tutor's method of presentation of the workshop to be					
2.	I found the pace and time allowed for the workshop to be					
3.	I found the quality of the learning materials provided by the tutor to be					
4.	I found the clarity of the learning materials provided by the tutor to be					

Comments: Any comments you would like to make will be gratefully appreciated and kept in confidence. We value your feedback, and will use it to improve our delivery of classes to you in the future.

(Optional) Your name and contact details:

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