

Evaluation Form

Name of English Class:	Date:					
Your Country of Origin:		Gender (please circle one):			Female	
What is your age group? (please circle one): Under 20 years	20-29	30-39	40-49	50-59	60-69 Over 8	70-79 0 years

What is your residency status? (please circle one): NZ Citizen Resident Work

Student Vis	sitor
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The class was relevant to what I needed to know	Please circle one						
	Poor	Fair	Good	Very Good	Excellent		
	1	2	3	4	5		
The information I received at the class was easy to	Poor	Fair	Good	Very Good	Excellent		
The information I received at the class was easy to	1	2	3	4	5		
understand							
The tutor was knowledgeable about the topic	Poor	Fair	Good	Very Good	Excellent		
	1	2	3	4	5		
The venue was appropriate i.e. enough space, warm, good	Poor	Fair	Good	Very Good	Excellent		
sound	1	2	3	4	5		
My recommendation of the class to other newcomers	Poor	Fair	Good	Very Good	Excellent		
	1	2	3	4	5		

Other Comments e.g. other topics of interest: