FORM FOR STUDENT EVALUATION OF INSTRUCTOR



Instructor Name	Stu	Student Name (optional) _Date_				
Title of Class						
	Class: Starting Date					
Location: CityState		Country				
•	ion of your instructor. Leave senvelope, seal it, and return it			s not apply.	Put the	
The Instructor:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Is prepared for class.	1	2	3	4	5	
Is professional in behavior & d	ress. 1	2	3	4	5	
Is a diligent & passionate teac	ner. 1	2	3	4	5	
Practices the moral code of W	u De* 1	2	3	4	5	
Is knowledgeable about the m	aterial. 1	2	3	4	5	
Demonstrates the form accura		2	3	4	5	
Explains the postures accurate	•	2	3	4	5	
Is clear & understandable.	1	2	3	4	5	
Provides time for review & pra	ctice. 1	2	3	4	5	
Corrects in a kind manner.	1	2	3	4	5	
Allows for questions & discuss	ion 1	2	3	4	5	
Demonstrates the form accura		2	3	4	5	
Your comments please (If :	more space is needed for con	nments, wr	ite on back	of this pag	e. Thank you)	

^{*} Person is Humble, Respectful, Morally Upright, Trustworthy, Patient, Diligent and Loyal.