**Houston Area HIV Services Ryan White Planning Council**



**Office of Support**

Project L.E.A.P. 2015 *Weekly Class Evaluation*

What did you think of today’s class? Please provide your feedback, so we can improve the class for next time! Please do **NOT** write your name anywhere on this form. Simply leave the form on the table when you are finished. Thank you for your help!

**Today’s Date: Please Check One: ❑Day class ❑ Evening class**

1. **What was your favorite part of today’s class?**

|  |
| --- |
|  |

1. **How much do you agree or disagree with the following statements? Please check the box that best fits to your answer using the scale provided:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly  Agree | |  | | | Strongly  Disagree | |
|  | 1 | 2 | | 3 | 4 | | 5 |
| Today’s class met my expectations. |  |  | |  |  | |  |
| I know more about today’s topics as a result of class. |  |  | |  |  | |  |
| I can already think of ways I can use what I learned today in my personal and/or professional life. |  |  | |  |  | |  |
| Today’s class will help me be a more effective planning body member. |  |  | |  |  | |  |
| There was enough time to address the topics today. |  |  | |  |  | |  |
| There was enough time to interact with my classmates today. |  |  | |  |  | |  |
| Today’s class was well organized and facilitated. |  |  | |  |  | |  |
| Today’s class was physically comfortable. |  |  | |  |  | |  |
| Today’s class was a safe and supportive learning environment. |  |  | |  |  | |  |
| I am pleased with my decision to participate in Project LEAP. |  |  | |  |  | |  |

1. **Overall, today’s class was:** (Please check one)

❑ Excellent❑ Very good❑ Good❑ Fair❑ Poor

1. **Please list two topics you would like to consider for the class Needs Assessment Project:**

1.) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2.) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**