

VNYSA SCHOOL OF YOGA

PRACTICUM EVALUATION

INSTRUCTORS NAME

DATE

THANK YOU FOR ATTENDING THIS PRACTICUM CLASS. I APPRECIATE YOUR FEEDBACK AND WOULD LIKE TO LEARN FROM YOUR EXPERIENCE

Please rate the statements on a scale of 1 to 5, 5 being the highest. Please skip all that do not apply

	1	2	3	4	5
The instructor spoke clearly and audibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor was comfortable teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructors instructions were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported and encouraged in the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor offered help/attention when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS FOR THE INSTRUCTOR

Thank you for sharing your feedback.

