



Home of My Own Evaluation

Session: _____

Date: _____ Educator: _____

Please circle the number that best represents your evaluation of this session.

Content/Information Provided

10 9 8 7 6 5 4 3 2 1 NA
Very Helpful Not Helpful

PowerPoint Presentation/Visuals

10 9 8 7 6 5 4 3 2 1 NA
Very Helpful Not Helpful

Handouts/Work Sheets

10 9 8 7 6 5 4 3 2 1 NA
Very Helpful Not Helpful

Class Activities

10 9 8 7 6 5 4 3 2 1 NA
Very Helpful Not Helpful

Educator's Knowledge

10 9 8 7 6 5 4 3 2 1 NA
Very Knowledgeable Not Knowledgeable

Questions I still have about the material covered:

Comments/Suggestions:
