

STUDENT EVALUATION OF INSTRUCTOR

Instructor Name: _____ Student Name (optional): _____

Title of Class: _____ Date: _____

Seminar _____ Ongoing Class _____ Starting Date: _____ Ending Date: _____

Location: _____

Please complete this evaluation of your instructor. Circle N/A if item does not apply. Put the completed evaluation in the envelope, seal it, and return it to your instructor.

The Instructor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Is prepared for class.					
Is professional in behavior & dress.					
Is a diligent & passionate teacher.					
Practices the moral code of Wu De*					
Is knowledgeable about the material.					
Demonstrates the form accurately.					
Explains the postures accurately.					
Is clear & understandable.					
Provides time for review & practice.					
Corrects in a kind manner.					
Allows for questions & discussion.					

Your comments please (If more space is needed for comments, write on back of this page. Thank you):

* Person is humble, respectful, morally upright, trustworthy, patient, diligent and loyal.

Please complete and Email to: ts-dept@yangfamilytaichi.com