New Jersey Department of Health  
Office of Minority and Multicultural Health  
FAITHFUL FAMILIES  
CLASS OR PROGRAM EVALUATION

Name of Program: ________________________________

Presented By: ________________________________

Date: ________________________________

1. In my opinion, the class was:
   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

2. The most valuable part was:

   ________________________________________________________________
   ________________________________________________________________

3. The least valuable part was:

   ________________________________________________________________
   ________________________________________________________________

4. How knowledgeable was/were the instructor(s) about the topic?
   - [ ] Very knowledgeable
   - [ ] Somewhat knowledgeable
   - [ ] Not knowledgeable
   - [ ] Not applicable

5. What suggestions or comments do you have?

   ________________________________________________________________
   ________________________________________________________________

6. Would you like more classes or programs on Wellness?
   - [ ] Yes
   - [ ] No

   If YES, please suggest topics:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   If NO, why not:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Name (Optional): _____________________________________________________ Date: _________________

Thank you for taking the time to complete this evaluation!