

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!