

Calligraphy Class Quality Feedback Form

Name

Email

Class Date

Class Level

Instructor Effectiveness

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Class Organization

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Materials Provided

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

What did you like most about the class?

What could be improved?

Additional Comments

