



Community Class Program

Instructor Evaluation

Instructor: _____ Date: _____

Name of Class: _____ Facility: _____

Days and Times of Class: _____

How long have you been teaching this class as a Community Class Instructor? : _____

Condition of the permitted facility: Satisfactory Unsatisfactory

Interaction with Community Class office: Satisfactory Unsatisfactory

Interaction with permitting offices: Satisfactory Unsatisfactory

Please provide constructive feedback on ways we could improve in areas you felt were unsatisfactory:

Were the fees you are allowed to charge enough to facilitate your class? Yes No

Comments: _____

Provide one suggestion that you feel could help to improve your class and the Community Class program in general. _____

Additional Comments/Concerns:

By checking this box, I acknowledge that I have answered all questions truthfully and to the best of my ability.

Instructor: _____ (Print Name)

"Provide safe, satisfying and cost-effective recreational opportunities for the residents of and visitors to Maui County"