



# CLASSROOM EVALUATION (ABE)

Teacher's Name: \_\_\_\_\_

Site Location: \_\_\_\_\_

Have you taken a post-test yet this semester? Yes  No

<b>YOUR ANSWERS ARE CONFIDENTIAL AND ARE BEING REQUESTED TO BETTER SERVE YOU AND IMPROVE THE PROGRAM IN THE FUTURE.</b>	<b>DISAGREE</b>	<b>NEUTRAL</b>	<b>AGREE</b>
1. <i>I understand what is expected of me as a student.</i>			
2. <i>I understand the program's attendance policy.</i>			
3. <i>I understand how the tests are used to place me into a class.</i>			
4. <i>I have made progress this year.</i>			
5. <i>I would recommend this program to my friends and relatives.</i>			
6. <i>I set definite goals when I registered for class.</i>			
7. <i>I met my goal which I set for myself when I registered for class.</i>			
8. <i>My teacher values students' opinions in the classroom.</i>			
9. <i>My teacher creates a comfortable learning environment where students are willing to speak up and participate.</i>			
10. <i>My teacher recognizes and manages different skill levels in the classroom.</i>			
11. <i>My teacher seems to care about me and my success.</i>			
12. <i>My teacher starts and ends class on time.</i>			
13. <i>My teacher respects my cultural values.</i>			

## PROGRAM SUGGESTIONS:

1. *What did you find most helpful about the program?*

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2. *If you could change one thing about the program to make it better, what would it be?*

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