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**CLASSROOM EVALUATION (ABE)**

*Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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

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

**Program Suggestions:**

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

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