



Programming Area: _____
Program Name: _____
Program Dates: _____
Facilitator(s): _____

Learner Evaluation Form

We hope this program has been helpful for you in finding new ways to learn and meet your goals. Thank you for helping us improve our program by filling in this form!

Please circle your answers:

1. I am using what I learned outside of class (*at home, at work, in the community*)

Yes / No

2. I am getting closer to meeting my learning goals (*or have met my goals*)

Yes / No

3. I am more confident using my new skills

Yes / No

4. This class (*program*) is helping me learn what I need to know to reach my goal

Yes / No

5. I feel safe and welcome here

Yes / No

6. Did you miss any sessions?

Yes / No

If Yes: Is there anything that we could have done to help you attend more of the sessions?

Other Comments:
