



TEACHER EVALUATION FORM

This form serves to provide feedback to teachers, so that they may continue to grow and develop their teaching, and as well to Yoga Ananda, so that the studio may maintain a high standard of teaching excellence.

Teacher: _____

Class/Event: _____

Please rate the teacher on the following topics:

- (1) **Overall Impression:** How do you rate the class/event you attended overall? Did you leave the class feeling better physically, psychologically, and emotionally? Did you learn something?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (2) **General Character of the Teacher:** Was the teacher enthusiastic, charismatic, positive, humorous, inspiring? Did s/he create a welcoming, nurturing, safe and meditative ambience?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (3) **Technical Knowledge:** Was the teacher knowledgeable? Did she/he know their material? Was the teacher honest about their limitations (if appropriate)?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (4) **Connection with Students:** Did the teacher have good rapport with the students? Did s/he know students' names? Did s/he address students individually? Was the teacher compassionate, sensitive to feelings, friendly, kind, patient, respectful?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations for question 4:

- (5) **Sequencing:** Was the teacher's sequencing intelligent? Innovative? Safe or dangerous? Was there appropriate queuing?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (6) **Adjustments:** Were the teacher's adjustments or suggestions for modifications helpful, intelligent and appropriate?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (7) **Voice:** Was the teacher clear, articulate, innovative in her/his expression? Did the teacher's voice convey confidence? Could it be clearly heard?

poor 1 2 3 4 5 6 7 8 9 10 excellent

Comments, suggestions, or specific observations:

- (8) **Class Preference:** Please list the most ideal day, time of day and class type that you would like to see on the schedule:

- a. Also, would you attend a Saturday class if it was at a different time other than what is currently offered?

- (9) Please write anything else here you think may be useful to Yoga Ananda or the teacher:

Evaluator's Name (optional): _____ Date: _____

Thank you! We highly value and appreciate your feedback!