

Traveling Teacher

CLASS FEEDBACK

Please assist us with reviewing our Traveling Teacher program by taking a moment to evaluate the class, the teacher and the facility. **Please return this completed form to the Chapter liaison who will forward all replies to the AQG.office.** AGQ, 2048 N. 44th St. Suite 212, Phoenix, AZ 85008.

Class Title: _____ Date: _____

Teacher Name: _____ Host Chapter _____

How would you rate the teacher? ___ Excellent ___ Good ___ Average ___ Below Average

Would you recommend this teacher to your friends? ___ Yes ___ Probably not ___ No

How would you rate the facility? ___ Excellent ___ Good ___ Average ___ Below Average

How would you rate the class? ___ Excellent ___ Good ___ Average ___ Below Average

Did you receive the supply list in a timely manner? ___ Yes ___ NO

Did you encounter any problems we should be aware of? _____

Are there any AQG members you would like to recommend to the Traveling Teacher program? _____

Thank you for your support of the Arizona Quilters Guild Traveling Teacher program.

Name/Phone #/email (optional):

Do you want a response to your comments? ___ Yes ___ NO