



SOUTHEAST MICHIGAN SYNOD
EVANGELICAL LUTHERAN CHURCH IN AMERICA

LICENSED LAY ACADEMY • CLASS EVALUATION

PLEASE PRINT

Your Name _____ Date _____

Course Name: _____ Instructor _____

Dates sessions held _____

Sessions attended (check all that apply) One _____ Two _____ Three _____ Four _____ Five _____

List the texts required for this class: _____

Was the required material: readable understandable enlightening Say more:

Were you able to complete the assignments? Reading Assignments Written Assignments

If not, why? _____

What challenged you the most? And how? _____

Evaluate the instructor on a scale from 1-5 [1 = hard to understand 3 = ok 5 = excellent]

Preparation for class sessions _____

Knowledge of subject matter _____

Allowed time for questions and discussion _____

Open to student needs and concerns _____

If there are recommendations for the Advisory Board, please use the 2nd sheet to make suggestions.

Otherwise, **return this form to r.mccants@semisynod.com or mail to the Southeast Michigan Synod 4800 Woodward Avenue, Detroit, MI 48202.**



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Additional Notes and/or Recommendations regarding this course:

Course Name & Instructor _____

Your Name _____