



**Participant Feedback Form
Georgia Department of Corrections**

SOP 107.08
Attachment 13
9/18/19

Date: _____ **Location:** _____

Class/Program: _____ **Facilitator:** _____

Tell us how much you agree or disagree with each statement by putting a check in the box.	Strongly Agree	Agree	Disagree	Strongly Disagree
The Classroom was comfortable.				
The Class Material was well organized and easy to follow.				
The Class gave me a chance to practice what I learned.				
The Instructor was easy to understand.				
The Instructor answered everyone's questions.				
The Instructor encouraged everyone to participate.				
The Instructor seemed prepared and knew the subject.				
I was satisfied with the class /program.				
I was satisfied with the facilitator(s)/teacher(s).				
I believe that class/program will help me.				
I would recommend this class/program to others.				

What two things about the class/program did you like the most?

What two things about the class/program did you like the least?

Please write any other suggestions that you would like to make:

Name (optional): _____