

**NAMI Basics Education Program
Teacher Evaluation**

Name: _____ Date: _____

Course Location: _____ State: _____

1. Give us your overall impression of how the course was received by your class.

2. Tell us how the teaching experience affected you.

3. Please tell us any ideas, suggestions, comments, etc., you might have about the course or the training, now that you have taught the course

4. Would you be willing to teach the course again? Yes No

This form should be sent in with the Final Class List and Final Census to:

Teri Brister, Ph.D., LPC
105 Shenandoah Estates Circle
Brandon, MS 39047