

With Hope In Mind : Beginnings ©
Teacher Evaluation

Name _____
Date _____

Location _____
City, State _____

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

Describe how teaching affected you.

Are you interested in teaching the course again? Yes No

Does anyone from your class want to become a teacher? Yes No

If so, please provide names and contact information.

Now that you have taught, please share with us any comments, suggestions or recommendations that you might have about the course.

*Thank you for your time, dedication and willingness to reach out
to families and friends of persons affected by mental illness!*