

***With Hope In Mind*** ©  
**Teacher Evaluation**

Name \_\_\_\_\_  
Date \_\_\_\_\_

Class Location \_\_\_\_\_  
City, State \_\_\_\_\_

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

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**Describe how teaching affected you.**

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**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.**

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

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