

Anchorsaway© Class Evaluation

Name (optional): _____

1. What expectations did you have about this Anchorsaway class at the beginning of the semester?
2. What are you personally planning to do with what you learned in class?
3. What would keep you from sharing about Anchorsaway with other students?
4. On a scale from 1-10, 1 being not at all useful and 10 being extremely useful, how do you rate your Student Handbook? Please briefly explain your answer.
5. Did one night a week for 2 ½ hours fit well with your schedule?
6. Did you like the class setting? If not, do you have any suggestions on where to host the class in the future?
7. Was your small group discussion time helpful?

8. Were all of your questions answered? If not, what questions do you still have that you would like to have answered?

9. What part of the class was most beneficial to you? What would you change?

10. Thinking of the teacher, what did you benefit from the most and was there something that you think should be eliminated or added to make the class more complete?

11. What is your favorite “anchor”?

12. Overall, do you feel that your time at Anchorsaway helped equip you to give a reason for the hope that you have?

May we quote you? If there is something that you'd like to tell future students about your Anchorsaway experience, please write a brief testimony below. We would love to share what this class has meant to you!