## Evaluation Form

Please Print **- fill out the form and hand in.**

1. Did you feel more confident about using E-Mail?

2. Were the practices and discussions effective?

3. Were the lessons too long or too short for the allotted time?

4. Do you feel you understand viruses, trojans, etc.?

5. What did you like best about the teaching?

6. What would you like the teacher to do differently?

7. Any other classes or instructions you'd like to see provided?

8. Any other comments, questions or suggestions?