



# Teacher Questionnaire

The following is a questionnaire for your teacher to receive feedback  
Please answer the questions and return them to the education office.

Teachers Name \_\_\_\_\_

**Instructions:** Please check the block under the rating that best fits your feelings about your teacher on a scale of 1 to 5, with 5 being the highest and 1 being the lowest.

<b>Your Class SMBS Teacher</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The teacher is obviously prepared to teach the lesson.					
The teacher exhibits genuine concern for class members.					
The teacher's presentation makes the lesson interesting.					
The teacher displays a positive attitude toward teaching.					
The teacher makes the atmosphere open & conducive to sharing.					
The teacher ministers to needs when needed.					
The teacher displays a positive attitude.					
The teacher makes the lesson clear. The lesson seems well planned.					
The teacher discusses ways the lesson/Bible relates to my life.					
Overall, I rate my teacher's ability to communicate Bible truths as.					

*What would you like to suggest to your teacher that would make your learning experience better?*

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*What else would you like to say about the Sunday Morning teaching experience/lesson?*

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