



Please print clearly — Please circle either Yes or No as indicated

Please complete the following Comment Sheet on the class you have attended using your scholarship award. We would appreciate your input on the teacher, materials, facilities, and overall learning experience in regards to this class. Your comments are appreciated and will be kept confidential. This form must be completed and submitted to the Awards Chairman within thirty (30) days after the finish of the class in order to receive your award reimbursement. Thank you.

Name _____

Title of Class/Technique taught _____

Name of Teacher _____

Teacher Credentials ICES Approved Teacher ICES CMSA ICES CSA ACF

Certification Title _____

Date of Class _____ Length of Class _____ Location of Class _____

Class taught in conjunction with named event or show _____

Cost of Class _____ Additional cost of class materials _____ Additional Registration fee paid, if any _____

Class Description

1. Did the class description match what was taught during the class? Yes / No
2. Was a photograph of the completed project featured in the class description? Yes / No
3. Did the teacher distribute a class syllabus or instructions/handouts for this class? Yes / No
 - a. If no, what would be a better description? _____
4. Were there any prerequisite sugar arts skills required to take this class? Yes / No
5. Was the class level described equal to the level of skill taught? Yes / No _____
 - a. How many years have you been decorating _____
 - b. Level you consider your skills Beginner Advanced Professional Master
 - c. Do you decorate primarily for personal use (family/friends) or professional (shop, bakery) _____
6. Was the cost of the class a fair price for the material learned? Yes / No

If no, what would be a more appropriate cost _____ Why? _____

Class Supplies

1. Were class materials included in class cost? Yes / No *If yes, please skip to next section*
2. Did you receive the class supply list in a timely manner? Yes / No
3. How far in advance did you receive your class supply list? _____
4. Was the list sufficient to complete the class project? Yes / No
5. Were items on the list difficult to acquire or not available in your area? Yes / No
 - a. If yes, were suggestions made on where to find these items or acceptable substitutions? Yes / No
 - b. Did the teacher make these items available for purchase either before or during the class? Yes / No
 - c. Did the teacher offer a class supply kit for purchase to the students? Yes / No
6. Were all items on the class list needed or used? Yes / No
7. Were items not on the list, but needed to complete the class, available for use during the class? Yes / No
8. Do you feel the cost of supplies for this class was a fair amount? Yes / No

Student Comments on Teacher

1. Was the teacher on time and prepared for the class? Yes / No
2. Was the teacher willing to share their knowledge? Yes / No
3. Was the teacher respectful of all the students? Yes / No
4. Was the teacher knowledgeable on the subject they were teaching? Yes / No
5. Was the teacher available to help a student if needed? Yes / No
6. Was the class time allotted sufficient to complete the project taught? Yes / No

If no, please explain _____

Classroom Facilities

1. Was there sufficient room for you to work Yes / No

If no, please explain _____

2. Was classroom equipment available for you to use to complete the project? Yes / No
3. Was the cost of the facility included in the class fee ? Yes / No

If no, what was the additional cost per student? _____

4. Was the facility clean and well organized? Yes / No
 - a. Were students required to clean their own work areas at the completion of class? Yes / No
 - b. Was custodial work taken care of by the facility or included in the class cost/ Yes / No

If no, please explain _____

Final Comments

1. What skills did you learn from this class experience? _____

2. How do you plan on using the skills acquired in this class? _____

3. Did you receive a certificate of completion at the end of the class? Yes /No
4. Would you take a class from this teacher again? Yes / No
5. Would you recommend this class to another student? Yes / No?
6. Did you enjoy the class? Yes / No
7. How did you find out about this class _____

If you have any additional comments or information please feel free to attach additional sheets or to contact the Awards Chairman with additional information.

I hereby affirm that all information given on this form is true and accurate.

Signature _____ Date _____

Awards Chairman Use Only	
Award recipient's name	_____
Date Comment Sheet was submitted	_____
Teacher's Name	_____
Teacher Comment Sheet received for this class	Yes / No
Date refund processed	_____ Amount refunded _____