



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

Please complete the following Comment Sheet on the class you have taught to this Scholarship Student. We would appreciate your input on the student, materials, facilities, and overall 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 for the student to receive their award reimbursement. Thank you.

Teacher's Name \_\_\_\_\_

Title of Class/Technique taught \_\_\_\_\_

Name of Scholarship Student \_\_\_\_\_

Teacher Credentials  ICES Approved Teacher  ICES CMSA  ICES CSA  ACF  
Certification Title \_\_\_\_\_

How Many years have you been teaching Sugar arts \_\_\_\_\_

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 \_\_\_\_\_

## Class Description

1. Was a class syllabus or instructions/handouts given for this class? Yes / No
2. Were there any prerequisite sugar arts skills required to take this class? Yes / No
3. What skill level was this class appropriate for  Beginner  Advanced  Professional  Master
4. Was a certificate of completion issued to each student at the end of the class? Yes / No

## Class Supplies

1. Were class materials included in class cost? Yes / No *If yes, please skip to next section*
2. Was a supply list given to each student in a timely manner? Yes / No
3. Were items on the supply list available for purchase either before or during the class? Yes / No
  - a. If no, were suggestions made on where to find these items or acceptable substitutions? Yes / No
  - b. If yes, was a class supply kit offered for purchase to the students? Yes / No
4. Were all items on the class supply list used to complete the class project? Yes / No
5. Were items or equipment not on the list, but needed to complete the class, supplied by you for use during the class? Yes / No
6. Were additional items or equipment not on the list, but needed to complete the class, supplied by the class facility for use during the class? Yes / No

## Teacher's Comments on the Scholarship Student

1. Was the student on time and prepared to take the class including all required materials? Yes / No
2. Did the student have a positive learning attitude? Yes / No
3. Was the student respectful of the teacher and other students in class? Yes / No
4. Was the class time sufficient to learn the technique being taught and to finish the class project? Yes / No
5. Was the student able to keep pace with the information being taught? Yes / No

**Classroom/Facilities**

1. Was the class size allotted sufficient for the technique taught and the number of students? Yes / No  
If no, please explain \_\_\_\_\_
2. Did each individual student have sufficient work space to complete their project? Yes / No
3. Was the area set aside for the teacher's use sufficient for your needs? Yes / No
4. Were you required to bring additional equipment for class use? Yes / No, or was it supplied by the facility? Yes / No
5. Was the cost of the facility included in the class fee? Yes / No
6. Was the class environment conducive to productive work (quiet, adequate task lighting, electrical if needed, running water if needed, seating, protected floors, and proper work surfaces)? Yes /No  
If no, please explain \_\_\_\_\_
7. Was the facility clean and organized for classroom use? Yes / No
  - a. Were students required to clean their own work areas at the completion of class? Yes / No
  - b. Were facilities available nearby to help clean up of the classroom (sink, running water, trash cans)? Yes / No
- b. Was custodial work taken care of by the facility or included in the class cost/ Yes / No  
If no, please explain \_\_\_\_\_
8. Would you feel confident using this facility again to teach similar classes? Yes / No

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 \_\_\_\_\_

<b>Awards Chairman Use Only</b>
Teacher's Name _____
Award recipient's name _____
Date Comment Sheet was submitted _____
Student Comment Sheet received for this class Yes / No