



# THE 12-WEEK BASICS OF COOKING SERIES

## CLASS EVALUATION FORM

Thanks for cooking with us at Kitchen on Fire over the last couple of months! Your feedback is valuable to us to help develop interesting and fun classes & programs in the future. Please take a moment to answer the following questions.

On a scale of 1-5 (5 being best), please rate the following aspects of the class:

Quality of the instruction:



Course content:



Food quality:



Quality of equipment:



Overall organization:



Length of class (select 1):

too long/ Just right/ too short

1. Is this the first class you've taken at Kitchen on Fire? Yes No

2. How did you find out about Kitchen on Fire? Circle one

attended  
an event

internet  
search

Yelp

live locally or  
walked by

gift/gift  
certificate

word of  
mouth

other:

3. What would you tell a friend/family member about your experience in the Basics Series?

4. Did the series meet your expectations based on what was written in the class description?

5. Did you utilize the In-Person Student Page on our website to access course content and additional resources and recipes? Did you utilize any recordings of our virtual series?

6. What is the most important thing you learned in the Basic Series?



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7. What was the most successful element of the series? What really worked for you? What did you enjoy the most?
  
  
  
  
  
  
  
  
  
  
8. What, if any, suggestions can you give us to improve this series? What changes would you make to the course content?
  
  
  
  
  
  
  
  
  
  
9. What classes would you like to see taught at KOF in the next upcoming month, i.e., specific technique or cuisine?
  
  
  
  
  
  
  
  
  
  
10. Would you be interested in taking another series of classes? What classes would you like to see expanded into multiple class series?
  
  
  
  
  
  
  
  
  
  
11. Anything else you want to share?

Email Address \_\_\_\_\_

- ☐ Please add me to your newsletter list for information on upcoming classes and notifications of special events and promotions.
- ☐ I agree to allow Kitchen on Fire to use the information on this page in their publications as a testimonial. Please sign my name as: \_\_\_\_\_
- ☐ I am interested in hosting an event at KOF. Please have the Event Coordinator reach out.