

## Class Sign-in Sheet

Numu Learning Center class, taught by [office or organization]

Class: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signing in is optional and helps us count who we reach. This sheet is kept by [office].  
Only totals are shared outside the Tribe.

| #  | First name or initials | Community or area | Age group (under 18, 18 to 64, 65+) | First Numu class?                                        | Phone or email, only if you want class news |
|----|------------------------|-------------------|-------------------------------------|----------------------------------------------------------|---------------------------------------------|
| 1  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 2  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 3  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 4  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 5  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 6  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 7  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 8  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 9  |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 10 |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 11 |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |
| 12 |                        |                   |                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                             |

Staff use: total signed in \_\_\_\_\_ helpers \_\_\_\_\_ ☐ childcare ☐ rides ☐ meal

## Class Evaluation

Class: \_\_\_\_\_ Date: \_\_\_\_\_

**1. How was today's class? Circle one face.**

|                                                                                   |                                                                                   |                                                                                   |                                                                                    |                                                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |
| Not good                                                                          | Not great                                                                         | Okay                                                                              | Good                                                                               | Great                                                                               |

**2. What was the most useful thing you learned today?**

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**3. Was anything hard to follow? What would make it easier?**

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**4. What would you like to learn next?**

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**5. Do you feel more confident using technology after this class?**

☐ Yes    ☐ A little    ☐ No

Thank you. Please do not write your name. Your answers help us improve our classes.