We hope you have enjoyed your Continuing Education course. To help us improve our offerings and better meet your needs, we would appreciate you taking time to fill out this evaluation form.

Course Title: _________________________  Instructor: _________________________

Year: ________  Session:  Summer _____  Fall _____  Winter _____  Spring _____

Please rate your instructor in the following areas (5 being the HIGHEST):

Knowledge of subject  5  4  3  2  1
Preparedness  5  4  3  2  1
Punctuality  5  4  3  2  1
Effectiveness of presentation  5  4  3  2  1
Answered your questions  5  4  3  2  1

Was each class length/time: just right? _____  too long? _____  too short? _____

Was the number of classes/course length: just right? _____  too many? _____  not enough? _____

Were you satisfied with this course?  Yes_____  No _____  (If no, please comment)

Was this course useful to you overall?  Yes_____  No _____  (If no, please comment)

Would you recommend this course to a friend?  Yes_____  No_____  (If no, please comment)

What changes, if any, would you suggest for this course?

We would appreciate any general comments or suggestions you may have about the entire program.

Any ☐ ideas for new courses?

Please return this to your instructor, drop it at our office, or mail it to Continuing Education at the above address. Thank you.

Bonnie Lee Coddington
Bonnie Lee Coddington
Community Programs Coordinator