



# OLLI EVALUATION: CLASS

CLASS NAME \_\_\_\_\_ DATE(S) \_\_\_\_\_

*Thank you for evaluating this class. Staff and committee volunteers review this information, and your feedback and comments will be taken into consideration for future program planning.*

1) Rate the total experience of this one class.

- Excellent       Good       Fair       Poor

2) Rate the educational quality of this class.

- Excellent       Good       Fair       Poor

3) Considering your expectations, how much did you learn?

- A lot       Quite a bit       Some       Nothing

4) The class content was presented at a speed that was:

- much too fast?       a little too fast?       just right?       too slow?

5) The class instructor(s) was easy to understand and clearly explained the educational content.

- |                  |   |                                |                                   |  |
|------------------|---|--------------------------------|-----------------------------------|--|
| Class Session 1: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 2: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 3: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 4: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

6) The class instructor(s) effectively managed questions, discussions and debates.

- |                  |   |                                |                                   |  |
|------------------|---|--------------------------------|-----------------------------------|--|
| Class Session 1: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 2: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 3: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Class Session 4: | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

7) The class met the description in the OLLI program brochure.

- Strongly Agree       Agree       Disagree       Strongly Disagree

8) I would recommend this class instructor(s) to a personal friend.

- Strongly Agree       Agree       Disagree       Strongly Disagree

PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET.

9) I would recommend this specific class to a personal friend.

Strongly Agree

Agree

Disagree

Strongly Disagree

10) Please write one thing you like most about this class.

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11) Please write one thing you would change about this class.

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12) What is your assessment of the room in which this class was held?

SATISFACTORY

NOT SATISFACTORY

*Please explain your response:* \_\_\_\_\_

*THANK YOU FOR YOUR FEEDBACK!*

*PLEASE RETURN THIS EVALUATION TO YOUR HOST OR MAIL TO:*

*CONTINUING EDUCATION, BRADLEY UNIVERSITY, 1501 W. BRADLEY AVENUE, PEORIA, IL 61625*