



OLLI EVALUATION: CLASS PROGRAM



CLASS TERM _____

Thank you for evaluating this program. 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 the entire class program for this term.

- Excellent Good Fair Poor

2) Rate the customer service of the Continuing Education staff who support OLLI programs.

- Excellent Good Fair Poor

3) Rate the registration process which includes your confirmation materials.

- Excellent Good Fair Poor

4) Rate the educational quality of the entire class program for this term.

- Excellent Good Fair Poor

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

- A lot Quite a bit Some Nothing

6) What is your assessment of the class program transportation?

- SATISFACTORY NOT SATISFACTORY

Please explain your response: _____

7) I would recommend this overall OLLI program of classes to a personal friend.

- Strongly Agree Agree Disagree Strongly Disagree

8) Please write one thing you like most about the overall class program for this term.

9) Please write one thing you would change about the overall class program for this term.

10) If you dropped a class, please tell us which one and why.

11) What class did you not take, but would if it were offered again?

12) How did you hear about these classes? If your answer is the OLLI program brochure, where did you get it?

13) What ideas for new classes can you offer? Can you suggest an instructor?

14) What OLLI member or class instructor deserves to be recognized with an OLLI lapel pin? And why?

15) What local artist(s) would you like to suggest featuring at OLLI classes?

Artist and Artistic Medium: _____

Are you willing to help with classes (for example, recruit an instructor, teach a class, be a host for a class, etc.)? If yes, please give your name to a staff member.

If you would like to receive the OLLI weekly e-mail newsletter and the OLLI program brochure in the mail, please contact a staff member and provide your name, street address, and e-mail address.

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

P:\COE\OLLI\EVALUATIONS\EVALUATION - OVERALL CLASS FINAL.DOC 7/15/2016