



OLLI EVALUATION: STUDY GROUP

STUDY GROUP NAME _____ DATE(S) _____

Thank you for evaluating this study group. 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 study group.
 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 this study group.
 Excellent Good Fair Poor
- 5) Considering your expectations, how much did you learn?
 A lot Quite a bit Some Nothing
- 6) The study group resources I was expected to read (e.g. books, articles) were:
 too many and/or too long a little too much just right not enough
- 7) The facilitated discussions were:
 ENGAGING/ INTERESTING TOO DULL/ UNINTERESTING
- 8) The study group facilitator(s) was easy to understand and clearly explained the educational resources provided.
 Strongly Agree Agree Disagree Strongly Disagree
- 9) The study group facilitator(s) effectively managed questions, discussions and debates, and encouraged participation by all.
 Strongly Agree Agree Disagree Strongly Disagree
- 10) The study group met the description in the OLLI program brochure.
 Strongly Agree Agree Disagree Strongly Disagree
- 11) I would recommend the study group facilitator(s) to a personal friend.
 Strongly Agree Agree Disagree Strongly Disagree

12) I would recommend this study group to a personal friend.

Strongly Agree

Agree

Disagree

Strongly Disagree

13) Please write one thing you like most about this study group.

14) Please write one thing you would change about this study group.

15) What is your assessment of the room in which this study group was held?

SATISFACTORY

NOT SATISFACTORY

Please explain your response: _____

16) How did you hear about this study group? If your answer is the OLLI program brochure, where did you get it?

17) What study group did you not take, but would if it were offered again?

18) What ideas for new study groups can you offer? Can you suggest a facilitator?

19) What OLLI member or study group facilitator deserves to be recognized with an OLLI lapel pin? And why?

Are you willing to help with study groups (for example, design a study group, be a facilitator, be a host for a study group, 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

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