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.
   Tue/Thur morning: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Tue/Thur afternoon: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Wed/Fri morning: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Wed/Fri afternoon: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree

6) The class instructor(s) effectively managed questions, discussions and debates.
   Tue/Thur morning: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Tue/Thur afternoon: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Wed/Fri morning: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree
   Wed/Fri afternoon: □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree

7) The class met the description in the OLLI program brochure.
   □ Strongly Agree   □ Agree   □ Disagree   □ Strongly Disagree

Please complete the reverse side of this sheet.
8) I would recommend this class instructor(s) to a personal friend.
   □ Strongly Agree    □ Agree    □ Disagree    □ Strongly Disagree

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.

   __________________________________________________________________________

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

   __________________________________________________________________________

12) What is your assessment of the room in which this class was held?
   □ SATISFACTORY    □ NOT SATISFACTORY

   Please explain your response: __________________________________________________________________________