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.
   ________________________________________________________________________________________________

PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET.
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.