



Community Education

### Fee-Based Instructor/Class Evaluation

CLASS TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ CRN #: \_\_\_\_\_

Please help us fulfill your educational needs by evaluating this program. Check the appropriate column for each statement below.

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	Excellent	Good	Fair	Poor
How would you rate the content of this course?				
How would you rate the organization of this course?				
How would you rate the instructor of this course?				
How well were your personal objectives met?				
Your overall rating of this course.				

1. Would you recommend that this course be offered by the college again?

2. Please list any suggestions you have for improvement of this course:

3. Comments?

4. How did you learn about this course offering?: SPECTRUM  Friend   
Newspaper  Radio  TV  Other \_\_\_\_\_

5. Do you have suggestions for other courses, seminars or events? \_\_\_\_\_

Name/Address (optional): \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_