

Course Feedback Form

(Please return survey to instructor or survey tray, not the OLLI staff.)

Thank you for taking the time to complete this form.
Your comments are important and will be read by the course instructor.

COURSE NUMBER/TITLE: _____

INSTRUCTOR: _____

The Instructor:	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Was well prepared and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knew the subject matter well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained topics coherently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoke loudly and clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulated interest in further learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions knowledgeably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio-visuals/handouts were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group participation was appropriate for the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept discussions reasonably focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Course:

Overall satisfaction with the course: Excellent Good Fair Poor

If you checked "Excellent" or "Good," what features of the course impressed you most and made you enjoy the course? _____

If you checked "Fair" or "Poor," please explain what most disappointed you? _____

Please provide any suggestions you have to make future offerings of the same course better. _____

Would you take another different course with the same instructor(s)? Any further comments? Please use the reverse side if you need more space. _____