**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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strongly Agree Disagree Strongly Not **The Instructor:** agree disagree applicable

Was well prepared and organized 🞏 🞏 🞏 🞏 🞏

Knew the subject matter well 🞏 🞏 🞏 🞏 🞏 Explained topics coherently 🞏 🞏 🞏 🞏 🞏

Spoke loudly and clearly 🞏 🞏 🞏 🞏 🞏

Stimulated interest in further learning 🞏 🞏 🞏 🞏 🞏

Answered questions knowledgeably 🞏 🞏 🞏 🞏 🞏

Audio-visuals/handouts were useful 🞏 🞏 🞏 🞏 🞏

Group participation was appropriate

for the course 🞏 🞏 🞏 🞏 🞏

Kept discussions reasonably focused 🞏 🞏 🞏 🞏 🞏

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note: Some content attributed to OLLI American University “Study Group Feedback Form (Spring 2013).”