

**LEXINGTON R-V SCHOOL DISTRICT
COMMUNITY EDUCATION PROGRAM
COURSE EVALUATION**

THIS QUESTIONNAIRE IS DESIGNED TO HELP US IMPROVE THE QUALITY OF OUR EDUCATIONAL PROGRAMS. PLEASE ANSWER ALL QUESTIONS FRANKLY. ALL YOUR ANSWERS WILL BE CAREFULLY CONSIDERED AND WILL REMAIN ANONYMOUS. YOU ARE NOT REQUIRED TO SIGN YOUR NAME. THANK YOU FOR YOUR PARTICIPATION IN OUR ADULT EDUCATIONAL PROGRAM.

_____ *Class Name*

_____ *Class Start Date*

_____ *Instructor*

1. HOW WERE YOU INFORMED ABOUT THIS COURSE? CHECK ALL THAT APPLY:

BROCHURE _____ NEWSPAPER _____ RADIO _____ FRIEND _____ OTHER(SPECIFY) _____

YES _____ NO _____

2. WAS COURSE TAKEN TO DEVELOP OCCUPATIONAL SKILLS? _____

3. WAS COURSE TAKEN TO DEVELOP SKILLS FOR A HOBBY OR CRAFT? _____

4. DO YOU FEEL THE COURSE HAS PROVIDED AN OPPORTUNITY FOR YOU TO DISCOVER OR DEVELOP NEW SKILLS? _____

5. WOULD AN ADVANCED CLASS IN THIS AREA BE OF INTEREST TO YOU? _____

6. DID THE CLASSROOM MEET THE NEEDS OF THE COURSE? _____

7. WAS THE COST OF THE CLASS RELEVANT TO THE KNOWLEDGE GAINED? _____

8. WAS THERE ADEQUATE INDIVIDUAL ATTENTION? _____

- | | Excellent | Good | Poor |
|----------------------------------------------------------------|-----------|-------|-------|
| 9. PLEASE CHECK THE DEGREE TO WHICH: | | | |
| a. YOU GAINED WHAT YOU WANTED FROM THE COURSE. | _____ | _____ | _____ |
| b. THE COURSE MATERIAL WAS ABLE TO MAINTAIN YOUR INTEREST. | _____ | _____ | _____ |
| c. TEACHER AND COURSE MATERIAL WAS ORGANIZED. | _____ | _____ | _____ |
| d. TEACHER WAS QUALIFIED. | _____ | _____ | _____ |
| e. TEACHER'S ATTITUDE WAS: | _____ | _____ | _____ |
| f. ADEQUATE TIME WAS GIVEN FOR COMPLETION OF COURSE OBJECTIVE. | _____ | _____ | _____ |
| g. HANDOUTS, MATERIALS AND/OR TEXTBOOKS WERE APPROPRIATE. | _____ | _____ | _____ |
| h. OVERALL, THE COURSE WAS: | _____ | _____ | _____ |
| 10. WHAT DID YOU LIKE BEST ABOUT THE COURSE? | _____ | | |
| 11. WHAT SUGGESTIONS DO YOU HAVE FOR IMPROVING THE COURSE? | _____ | | |
| 12. OTHER COURSES YOU WOULD LIKE TO SEE OFFERED: | _____ | | |

Please complete below if **YOU** would be interested in **"TEACHING"** a course or know someone who would like to teach a course:

NAME: _____ **DAY PHONE:** _____

ADDRESS: _____ **EVENING PHONE:** _____

CITY/ZIP: _____ **Email Address:** _____

COURSE(s) INTERESTED IN TEACHING: _____