



Participant Evaluation Form

Thank you for taking a class through Unity Community Education.
Please take the time to fill out this evaluation. Your input is very important to us.
This information will be used to help in future programming.

Name of Class _____ Days/Dates of Class _____

Instructor _____

How satisfied are you with the following:

Satisfied **Dissatisfied** **Unsure**

- | | | | | |
|------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------------------|----|
| 1. The overall quality of instruction in this class or activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. The content of this course? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. The meeting room or facilities used for this class/activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. The instructor's enthusiasm for his/her interest area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. The day and time of this course? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Were there any expenses you did not anticipate? If so, what were they? | | | | |
| 7. What recommendations do you have for improving this class? | | | | |
| 8. What new classes would you like to see delivered through Community Education? | | | | |
| 9. How did you find out about this class? | | | | |
| 10. Would you like to receive e-mails regarding new classes and Community Education schedules? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes, please clearly **PRINT** your name and e-mail address:

11. Write any additional comments or suggestions concerning this class or future classes.

Thank you for taking a Unity Community Education Class!