

Feedback Form of Courses and Instructors

ACC Community Education is offering you the opportunity to share your reaction to your courses and instructors. Your feedback is important so that we can improve our program in order to better serve you. Please complete a separate form for each course you would like to evaluate.

Course Name: _____ Course # & Section: _____
Instructor Name: _____ Semester & Year: _____

Optional information: Your name _____ Age _____ Sex _____ Zip Code _____
Reason for enrolling in Community Education: _____

Please use this this key for indicating your level of satisfaction:

⑤ = Very Satisfied ④ = Satisfied ③ = Neutral ② = Dissatisfied ① = Very Dissatisfied

THE INSTRUCTOR:

- The instructor's knowledge or skill in subject area ⑤ ④ ③ ② ①
- The instructor's ability to present subject matter effectively ⑤ ④ ③ ② ①
- The instructor's preparation and organization ⑤ ④ ③ ② ①
- The instructor's enthusiasm for teaching ⑤ ④ ③ ② ①
- The contribution instructor made to my learning/understanding of the subject ⑤ ④ ③ ② ①
- The instructor started and ended the class on time ⑤ ④ ③ ② ①

THE COURSE:

- The information or skills taught compared to what I expected to learn ⑤ ④ ③ ② ①
- The overall pace of the class (too fast, too slow) ⑤ ④ ③ ② ①
- Level to which I achieved my personal objectives of this course ⑤ ④ ③ ② ①
- The size of the class ⑤ ④ ③ ② ①
- Adherence to published course description ⑤ ④ ③ ② ①
- The amount of knowledge/skills I gained from this course ⑤ ④ ③ ② ①

REGISTRATION:

- The registration process was quick and easy ⑤ ④ ③ ② ①
 - The registration personnel were friendly and helpful ⑤ ④ ③ ② ①
 - You fully understood parking and class locations ⑤ ④ ③ ② ①
 - You fully understood procedures for online courses (if appropriate) ⑤ ④ ③ ② ①
- Did you register by: phone online walk-in mail-in

COMMENTS:

What did you like about the class? _____

 What improvements would you like to see? _____

 Other comments you'd like to express? _____

Is there a new course you'd like to have offered through Community Education? _____

May we use your comments as published testimonial? Yes! No!

If yes, please add your signature _____ Dated: _____

Thank you for your input!

Please mail this form to the address listed at top of page or FAX to 303-797-2647.