

GATES CHILI CONTINUING EDUCATION COURSE AND PROGRAM EVALUATION

Course Name: _____ Date Started: _____

Instructor: _____

1. Please rate this class in the following areas (**5 being the HIGHEST**):

Content	1	2	3	4	5
Informative	1	2	3	4	5
Enjoyable	1	2	3	4	5
Meeting Your Expectations	1	2	3	4	5

2. Is there anything about this class you particularly liked or that you were not satisfied with? If yes, please list. (Use reverse side for more written comments, if necessary):

3. Please rate your instructor(s) in the following areas (**5 being the HIGHEST**):

Knowledge of subject	1	2	3	4	5
Helpfulness	1	2	3	4	5
Preparedness	1	2	3	4	5
Teaching Ability	1	2	3	4	5

4. Is there anything about this instructor that you particularly liked or that you were not satisfied with? If yes, please list. (Use reverse side for more written comments, if necessary):

5. Please rate your overall impression of the Gates Chili Continuing Education program in the following areas (**5 being the HIGHEST**):

Variety of courses	1	2	3	4	5
Registration Procedures	1	2	3	4	5
Customer Service	1	2	3	4	5

6. How could we improve any aspect of our program, registration procedures, or service to you? (Use reverse side for more written comments, if necessary)

7. What other types of courses would you like added to our program? (Use reverse side for more written comments, if necessary)

Hand in to Instructor, deliver to Continuing Education Office or Mail to: Director, Gates Chili Continuing Education, 910 Wegman Rd., Rochester, NY 14464