Senior Centers
Program, Course,
Class Specific Evaluation

Program/Course Title: _____

Date(s): _____

Instructor(s): _____

Place a check mark (√) in the space that shows your answer.

Question	Agree	Mixed	Disagree	Not Applicable
1. Overall, the program/course/class met my expectations.				
2. The instructor did a good job presenting the program.				
3. The pace at which the program materials were presented was about right for me.				
4. The location of this course made it easy for me to attend.				
5. I learned something helpful by taking this course.				
6. I learned new skills and knowledge in this course.				
7. I would recommend this course to others.				

COMMENTS: Please add comments and suggestions to improve this program.

_____

_____

_____

If you would like to be added to our listserv, please include your name (first and last) and your email address:

NAME: First Last:

EMAIL:

Save As Print Reset Form Submit Form

For information about the Senior Center or this survey, contact ocseniorcenters@orangecountync.gov.