



# Lakewood Community Education Program Evaluation

Please help us maintain our quality programs. Please complete this form and return it to your instructor or mail it to our office at: 1456 Warren Road, Lakewood, OH 44107. Thank you for your time!

**Program:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Participant Demographic Data** (Please Circle Appropriate Responses)

<b>Gender</b>	<b>Residency</b>	<b>Age</b>	<b>Education</b>
Male	Resident	Age 18-30	High School
Female	NonResident	Age 31-54	College
		Age 55+	Post College

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**Instructor Feedback**(Please circle your responses)

1. The instructor was very knowledgeable about the topic.
 

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
  
2. The instructor was enthusiastic and entertaining when presenting the topic.
 

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
  
3. The instructor used the allotted time well.
 

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
  
4. I would recommend this class to someone else.
 

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

Please provide any additional comments that you have about the instructor (Please feel free to use the back of the page).

**Program Feedback**

1. How did you hear about this program?
  
2. What was your purpose for taking this course?
  
3. Did this course fulfill your expectations? Why or why not?
  
4. What new community education opportunities would you like to see offered by the Lakewood Community Recreation and Education Department?

Additional comments appreciated (Please feel free to use the back of the page).