



communityprograms
www.cuesta.edu/communityprograms
COURSE/ACTIVITY EVALUATION FORM

Instructor Name: _____

Date: _____

Course Name: _____

Name (optional): _____ **Email List Signup:** _____

Your evaluation of the instructor and activity/course is very important and will help Community Programs improve our services. We review each evaluation, so please consider each question carefully. Thank you.

How did you hear about this? Online Brochure Email Other: _____

How did you register? Online Phone In Person Mail

How you would rate Community Programs :	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
Staff was helpful and courteous					
The registration process was straightforward					
The price for this course/workshop is fair					
Facilities were adequate for this activity					
Variety of classes and program offerings					

Comments: _____

How you would rate your Instructor :	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
Knowledge of subject matter					
Increased my knowledge of the subject matter					
Was well prepared & prompt for each session					
Stimulated involvement with the group					
Provided individual help when necessary					
Quality of instruction					

Comments: _____

Additional comments or suggestions for this class or future offerings: _____

