East Central University's Community Education Program Evaluation

Please help us serve you best by answering the following questions.

CLASS TITLE:_____SECTION #_____

INSTRUCTOR:_____ENDING DATE:_____

About the Class

Please indicate the extent to which you agree or disagree with each of the following statements by circling the number that best fits your response. ***1=Strongly Disagree 5=Strongly Agree***

1. **I enjoyed this class/program.** 1 2 3 4 5

2. **The time of this class/program was convenient.** 1 2 3 4 5

3. **My instructor communicated the subject well.** 1 2 3 4 5

4. **What did you enjoy most about this class/program?** _____
_____

5. **How could this class/program be improved?** _____
_____

6. **How did you first hear about this class/program?** (check all that apply).
_____Friend _____Schedule in the mail _____Schedule from Wal-Mart
_____Schedule from ECU _____Schedule from the Library _____From the newspaper
_____Schedule from Chamber of Commerce _____From the radio
_____I have taken this class/program in the past _____From a postcard or letter in the mail
_____From a flyer distributed at school. _____From the web site.
_____Other (please list and be as specific a as possible)_____
_____

7. **What other Community Education programs would you like to see offered?** (you may use the back of the page for additional space). _____
_____

8. **Comments**: _____
_____
_____
_____
_____

Please include any additional comments on the backside of this paper.

If we can we use your comments in our publications please include your name and signature below.

Name:_____

Signature:_____

Thank you for taking the time to complete this questionnaire!