

Class Feedback

Your feedback is important to us. We are continuously trying to improve the quality of our programs and your input will help. Thanks for taking the time to complete this form.

Class title _____

Overall rank for this class (Excellent) 4 3 2 1 (Poor)

Why? _____

Overall rank for this presenter (Excellent) 4 3 2 1 (Poor)

Why? _____

Overall rank for the room/Facility (Excellent) 4 3 2 1 (Poor)

Why? _____

Would you recommend this class to others? Yes No

Why? _____

Tell us more! You may use back of this form for additional comments.

What kind of classes would interest you? _____

Is there something you would like to teach? _____

Do you know a potential presenter for us? Please provide name and contact information.

May we contact you for more information? (Optional) Name _____

Email _____ Phone _____