

Adult Enrichment Programs Feedback Form

Name of Activity _____ Date _____

Let us Know About Your Experience

5: Excellent 4: Very Good 3: Good 2: Fair 1: Poor

Scheduling of class/activity _____

Dialogue _____

Topic(s) _____

Presenter(s) _____

Hands-On Activity _____

Please comment in general _____

My favorite topic was _____

The subject matter most pertinent for me was _____

Did this class/activity meet your expectations? Would you recommend it to a friend? _____

I learned something new about myself _____

How did you find out about the class/activity?

catalog ___ web page ___ friend ___ poster ___ newsletter ___ order of service ___ other ___

Tell us a little about yourself:

Age: <18 ___ 18-24 ___ 25-30 ___ 31-39 ___ 40-54 ___ 55-64 ___ 65+ ___

Gender: Male ___ Female ___

Member ___ Friend ___ Visitor ___ for ___ years

___ I would like to attend more classes/activities (such as) _____

___ I would like to offer a class/activity (Give us your contact info on the back.)

Please describe _____
