



COMMUNITY PROGRAMS
 Education/Recreation/Aquatics Departments
 ~ Activity/Course Evaluation ~

Instructor Name: _____

Course Name: _____

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

Please check how you would rate your instructor:

	Excellent	Average	Poor	N/A
Knowledge of the subject matter	0	0	0	0
Was well prepared and prompt for each session	0	0	0	0
Stimulated involvement within the group	0	0	0	0
Provided individual help when necessary	0	0	0	0
Courteous and enthusiastic	0	0	0	0
Class(s) began and ended as advertised	0	0	0	0
Quality of instruction				

Were you satisfied with the program overall? Yes No

Was it easy for you to register for this class? Yes No

Did the course description match course content? Yes No

If No, How would you change the class curriculum to better meet your needs? Please explain

Additional comments or class suggestions: _____

Your Name: (Optional): _____

Please return your completed evaluation to the instructor or mail it to: Community Programs,
 P.O. Box 8106, San Luis Obispo, CA 93401-8106.....Thank You for Your Assistance!!!