

PARTICIPANT EVALUATION FORM

Your comments are important to us! Please take a few moments to fill out this form and return it to your instructor at your next class, or return it to our office.

Menomonee Falls Community Education and Recreation Department
 W152 N8645 Margaret Road, Menomonee Falls, WI 53051
 Phone (262) 255-8460 Fax (262) 255-8411

Program Name: _____ Instructor/Staff: _____

Location: _____ Day/Time: _____

Please check One:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
The program met my expectations.					
The course description in the brochure was accurate.					
I/my child enjoyed the class/program.					
The instructor was well qualified.					
Staff was helpful and responsive to my needs.					
The facility was suitable for the program.					
Registration procedures were convenient.					
I would recommend this class to others.					
The program fee was a good value.					

Comments/suggestions about the program content: _____

Comments/feedback about the instructor: _____

What other classes or programs would you like to see offered: _____

Other comments/suggestions: _____

Demographic Information: Male ___ Female ___ Resident ___ Non-res. ___

Age Range: Under 18 ___ 18-25 ___ 26-35 ___ 36-45 ___ 46-55 ___ 55-65 ___ Over 65 ___