





OLLI Central Participant Evaluation of Courses

Your feedback helps us to plan course for the future. Thank you for taking the time to complete the form

Course Name:

Facilitator's Name(s):

For each item below, please check the box that best fits how much you agree with the statement. (Note: Some items may not apply, so we added the final column for such cases.)

The Course...	 Strongly Agree	Agree	Not Sure	Disagree	 Strongly Disagree	Does Not Apply
1)...content met my expectations.						
2)...increased my understanding of the subject.						
3)...organization & sequencing made sense.						
4)...textbook was of value.						
5)...handouts were of value.						
6)...videos were of value.						
7)...guest speakers were of value.						
8)...was so good, I would recommend it to others.						
The Facilitator(s)...	 Strongly Agree	Agree	Not Sure	Disagree	 Strongly Disagree	Does Not Apply
9)...knew the subject matter well.						
10)...communicated content effectively.						
11)...showed enthusiasm about the subject.						
12)...came well prepared for class, ready with questions & activities.						
13)...used class time efficiently.						
14)...knew how to use the A/V						
15)...encouraged/respected questions & comments						
16)...did a good job dealing with opposing viewpoints.						
17)...is someone from whom I will take future courses.						

18) How could this course be improved?

19) Do you have any suggestions for other courses you would like to see offered at OLLI Central?

20) Is OLLI meeting your lifelong learning needs and what can be done to improve our program?

21) Do you have any ideas for people you think might be good facilitators?

Write on the back if you have any other comments. Thank you again for your feedback!