MANCHESTER COMMUNITY COLLEGE

Continuing Education Credit-Free Course Evaluation

Complete and mail to MCC Credit-Free Programs, MS #16, P.O. Box 1046, Manchester, CT 06045-1046.

COURSE EVALUATION

Instructor Course Dates 1. Is this your first credit-free course? Yes No 2. How did you hear about this course? (select all that apply) Continuing Education Catalog:	Course Title					CRN#
2. How did you hear about this course? (select all that apply) 2. How did you hear about this course? (select all flat apply) 3. Did the course meet your expectations? Yes 4. How would you rate the instructor effectiveness? a. Clarity of Presentation Excellent Very Good Good 5. Noverall, how would you rate the instructor effectiveness? a. Clarity of Presentation Excellent Very Good Good 6. What could we do to make the course People 7. How would you rate this course? Excellent 8. Knowledge of Subject Excellent 9. Would this course? Excellent 9. Would you rate this course? Excellent 9. Would you rate this course? Excellent 9. Wery Good Good 10. What could we do to make the course better? Comments: ? 7. How would you rate the asse of registration? Very Convenient 19. Would this course be appropriate for other people in your company? Yes No 9. Would this course be appropriate for other people in your company? Yes No 9. Would you like to receive future announcements about credit-free programs?(Check all that apply) Adult	Instructor					Course Dates
Continuing Education Catalog: Continuing Education Catalog: Control Word of Mouth Compus (MCC Website Picked Up Off Campus (specify location) Context (please specify) Cother: (please specify) C	1. Is this your first credit-free course?	□ No				
4. How would you rate the instructor effectiveness? a. Clarity of Presentation b. Knowledge of Subject b. Knowledge of Subject b. Knowledge of Subject c. Response to Questions c. Excellent Very Good Good d. Text or Handouts (when applicable) e. Length of Course Excellent Very Good Good Fair Poor c. Nowwould you rate this course? Excellent Very Good Good Fair Poor S. Overall, how would you rate this course? Excellent Very Good Good Fair Poor S. Overall, how would you rate the scourse better? Comments: (Phone Number: (Phone Number: (Company: 10. What other courses would you like to see offered at MCC? 11. Would you like to receive future announcements about credit-free programs? (Check all that apply) Adult Classes/Camps (Pour Charles and	 Continuing Education Catalog: Mailed to Home Mailed to Home Mailed Up On Campus MCC V Word of Mouth News Media: (please specify) 	Kiosk ☐ Package Vebsite ☐ Picked U	Jp Off Campus <i>(specify lo</i>			
a. Clarity of Presentation Excellent Very Good Good Fair Poor b. Knowledge of Subject Excellent Very Good Good Fair Poor c. Response to Questions Excellent Very Good Good Fair Poor d. Text or Handouts (when applicable) Excellent Very Good Good Fair Poor e. Length of Course Excellent Very Good Good Fair Poor 5. Overall, how would you rate this course? Excellent Very Good Good Fair Poor 6. What could we do to make the course better? Comments: Sood Fair Poor 7. How would you rate the ease of registration? Very Convenient Fair Inconvenient 6. If you had a question prior to class, did you get the answers you needed from our staff? Yes No 7. Mow that other course beappropriate for other people in your company? Yes No 9. Would this course would you like to see offered at MCC? Intonvenient: Phone Number: 10. What other courses would you like to see offered at MCC? Intonvenient classes/Camps Youth Classes/Camps	3. Did the course meet your expectations?	Yes 🗆 No				
Comments: 9. Would this course be appropriate for other people in your company? Yes No If yes, who should we contact? Name: Phone Number: Company: Company: 10. What other courses would you like to see offered at MCC? 11. Would you like to receive future announcements about credit-free programs? (Check all that apply) Adult Classes Youth Classes/Camps Email Address:	 a. Clarity of Presentation b. Knowledge of Subject c. Response to Questions d. Text or Handouts (when applicable) e. Length of Course 5. Overall, how would you rate this course? 6. What could we do to make the course better Comments: 7. How would you rate the ease of registration? Comments:	 Excellent Excellent Excellent Excellent Excellent Excellent Very Convenie 	 Very Good Very Good Very Good Very Good Very Good Fair 	 Good Good Good Good Good 	 Fair Fair Fair Fair Fair 	PoorPoorPoorPoorPoor
 10. What other courses would you like to see offered at MCC? 11. Would you like to receive future announcements about credit-free programs? (Check all that apply)	 Comments: 9. Would this course be appropriate for other p Name:	eople in your company	/? 🗌 Yes 🗌 No	If yes, who should v Pho	ne Number:	
Email Address:						
12. Do you have any additional comments?		nents about credit-free	e programs? (Check all tha	at apply) 🛛 Adult	Classes 🗌 You	ith Classes/Camps
	12. Do you have any additional comments?					