



# 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

Course Title	CRN#
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:
- Mailed to Home     Mall Kiosk     Packaged with Reminder
- Picked Up On Campus     MCC Website     Picked Up Off Campus *(specify location)* \_\_\_\_\_
- Word of Mouth
- News Media: *(please specify)* \_\_\_\_\_
- Other: *(please specify)* \_\_\_\_\_

3. Did the course meet your expectations?  Yes  No

4. How would you rate the instructor effectiveness?

- |                                       |                                    |                                    |                               |                               |                               |
|---------------------------------------|------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Clarity of Presentation            | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| b. Knowledge of Subject               | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| c. Response to Questions              | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| d. Text or Handouts (when applicable) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| e. Length of Course                   | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> 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:

7. How would you rate the ease of registration?  Very Convenient  Fair  Inconvenient

Comments:

8. If you had a question prior to class, did you get the answers you needed from our staff?  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: \_\_\_\_\_

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:

12. Do you have any additional comments?