

**PORT WASHINGTON CONTINUING/COMMUNITY EDUCATION
COURSE AND INSTRUCTOR EVALUATION**

**Course:
Name (Optional)**

Instructor:

Please rate the following statements.

	Poor	Average	Good	Excellent
Registration				
1) The registration procedures were easy to follow	()	()	()	()
2) The Staff was friendly.	()	()	()	()
3) The Staff answered my questions thoroughly.	()	()	()	()
Instructor				
1) Qualified to teach this program	()	()	()	()
2) Prepared for each session	()	()	()	()
3) Used effective teaching methods	()	()	()	()
4) Effectively paced the program	()	()	()	()
5) Enthusiastic about teaching	()	()	()	()
6) Receptive to my questions and opinions	()	()	()	()
7) Answered individual questions when necessary	()	()	()	()
8) Overall, the instructor was	()	()	()	()
Program				
1) Met my expectations	()	()	()	()
2) Conformed to the published description	()	()	()	()
3) Was fairly priced	()	()	()	()
4) Overall, the program was	()	()	()	()

What improvements do you recommend for this program? _____

Please share any additional comments or suggestions. _____

What other programs are you interested in taking? _____

**Please complete form and return to Continuing Education, Administrative Annex, 90 Avenue C
Port Washington, NY 11050**