

# LSCTC Evaluation Form

At LSCTC, we continually strive to improve our programs for the glory of God. Therefore, your input into the program you recently attended will assist us with this process.

Program Location:

on sight       online     

Program Attended: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_ Phone or email: \_\_\_\_\_

Please indicate your level of satisfaction with each of the following:

Program met my expectations	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Program content	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Ability of instructor to communicate content	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Content and usefulness of handouts	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Area in which program was held	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Convenience of program day and time	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>
Overall, how would you rate this program	<i>poor</i>	<i>fair</i>	<i>satisfactory</i>	<i>good</i>	<i>excellent</i>

If you answered "poor" or "fair" to any of the above please indicate your reasons:

\_\_\_\_\_

Did you use LSCTC Bookstore as a result of this program?

Yes      No

Would you recommend this program to friends or family?

Yes      No

How did you hear about this program?

\_\_\_\_\_

What changes, if any, would you recommend for this program?

\_\_\_\_\_

Do you have any suggestions for future programs?

\_\_\_\_\_

If you would like to be informed of upcoming events, please give us your name and address.

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State Zip Code \_\_\_\_\_

*Thanks for providing your feedback!  
Please email to [lifesolutionscenter@yahoo.com](mailto:lifesolutionscenter@yahoo.com)*