



Class Evaluation Form

Date _____ Instructor _____ Course _____

Please complete the following evaluation so that, where needed, we can improve our program and enhance your learning experience. Please comment on any of these questions on the back page. Thank you.

1. Were you satisfied with the course? _____ Yes _____ No
2. Was the course accurately described in the brochure? _____ Yes _____ No
3. Would you recommend this course and the Falmouth Community School to a friend?
_____ Yes _____ No
4. Was the instructor well prepared for class? _____ Yes _____ No
5. Did the instructor:
 - a. Have a good mastery of the subject matter? (High) 5 4 3 2 1 (Low)
 - b. Stimulate class discussion and encouraged questions? (High) 5 4 3 2 1 (Low)
 - c. Present the material effectively? (High) 5 4 3 2 1 (Low)
 - d. Encourage the class to get involved and participate in the direction of the course?
(High) 5 4 3 2 1 (Low)

6. Would you, or someone you know, be interested in offering a course in the Community School program? If so, please provide the information below.

NAME	COURSE	PHONE	EMAIL
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We are looking for comments for the spring brochure and would appreciate your taking the time to give us one with first name and last initial.

Thank you for your help.

Please return your form to the Community School office or mail it to:

Falmouth Community School

113 Lakeview Avenue • Falmouth, MA 02540

508-548-5739 • Fax: 508-495-2854

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