



# Community Education Student Opinion Form

INSTRUCTOR: \_\_\_\_\_ TERM: \_\_\_\_\_

COURSE: \_\_\_\_\_ DATE: \_\_\_\_\_

How would you rate the Instructor's knowledge of course subject matter? ..... Excellent  Very Good  Good  Poor  Unacceptable

How would you rate the instructor's organization of materials presented in class? ..... Excellent  Very Good  Good  Poor  Unacceptable

In general, how would you rate this instructor? ..... Excellent  Very Good  Good  Poor  Unacceptable

How well did the course meet your needs as far as covering material stated in the description?.....  Excellent  Very Good  Good  Poor  Unacceptable

Would you recommend this class to a friend? ..... Yes  No

Is English your second language? ..... Yes  No

Gender:  Male  Female Age:  Under 16  16 - 18  19 - 30  31- 40  41 - 54  55 & over

Why are you taking this course? ..... Personal enrichment  Career advancement

What county do you live in? ..... Jackson  Josephine  other

How did you hear about this class? ..... RCC Schedule  Newspaper  Radio  Television  RASCALS  other

Do you have any suggestions for future Community Education classes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to make any additional comments. Your feedback is invaluable to the success of Community Education. Use back of sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

May we contact you regarding your suggestions or comments?  Yes  No

If yes, my phone number or email address is: \_\_\_\_\_

Thank you for taking the time to fill out this form. The information you provide helps to improve our existing courses and increase our future offerings to serve our customers better. For more information, call 956-7303.

Please return this form to:  
Rogue Community College \* Community Education \* Robyn Martin, Coordinator \* 3345 Redwood Highway, Grants Pass, OR 97527