



Green Valley Recreation, Inc.
Member Services Center
1070 Calle de las Casitas
Green Valley, AZ 85614
520-625-3440

Instructor: _____
Course Title: _____
Start Date: _____ Location: _____
CR# _____

This evaluation is designed to enhance the quality of classes held in GVR facilities. Your comments are appreciated. You may return this form to any GVR office. Please contact the Instructional Class Supervisor at Member Services Center with additional questions or comments (625-3440 x226). Thank you.

(Optional) Name _____ Telephone _____

1. Where did you *first* find out about this class?

- Bulletin Board Friend/Word of mouth Keeping Current
 Class Catalog Radio Other: _____

2. I registered by: Mail Walk-In Phone-in Online

3. Did you encounter any difficulty with the registration process? Yes No

If yes, please explain. _____

4. How do you rate your instructor? Excellent Good Fair Unsatisfactory

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Knowledge of subject | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Helpful with individual's needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Makes subject easy to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Makes subject interesting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Instructor's energy & enthusiasm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. How do you rate the class?

- | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Number of classes appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Length of each class meeting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Content was stimulating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Please rate the facilities

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Physical accommodations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Equipment available (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Did class begin and end on time? Yes No

8. Did course meet your needs? Yes No

9. Would you recommend this course? Yes No

Suggestions/comments for new classes, workshops, instructors, etc. (you may use back of form)

Class Evaluation Survey revised 4/14/09.