

**STARPOINT COMMUNITY EDUCATION**  
**COURSE EVALUATION QUESTIONNAIRE**

Course Name: \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_

Indicate your degree of agreement with each statement by circling the appropriate number.  
 Please mail to the Community Education Office, 4363 Mapleton Rd., Lockport, NY 14094

<u>Course Content</u>	<u>Strongly Agree</u>		<u>Strongly Disagree</u>		<u>Does Not Apply</u>
1. The course was presented in an orderly manner.	4	3	2	1	N/A
2. The course material has been helpful and informative.	4	3	2	1	N/A
3. The amount of instruction for the course was appropriate for the time allotted.	4	3	2	1	N/A
4. The instructor was successful in teaching the skills and was able to reach the goals for the course.	4	3	2	1	N/A
5. The instructor's presentation was effective. (e.g. clear speech, good volume, and steady pace)	4	3	2	1	N/A
6. The instructor was able to stimulate your interest in the class.	4	3	2	1	N/A
7. The class atmosphere was conducive to ask questions.	4	3	2	1	N/A
8. The course content was as advertised. If not, please explain why?	4	3	2	1	N/A

9. What were the strengths/weaknesses of this course?

10. What suggestions do you have to improve the course?

11. Overall, how is the Community Education Program here at Starpoint?

Additional Comments: