

## **Course Evaluation**

Your feedback is critical for OLLI at Emory to ensure we are meeting your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Course or Instructor Name:	Date:				
Please mark the appropriate box with an "X"	very satisfied	somewhat satisfied	somewhat dissatisfied	very dissatisfied	٨
MY EXPERIENCE					
My overall satisfaction with this course					
Knowledge level of the instructor					
Quality of the instructor's presentations					
Effective use of class time and resources					
Response to student questions					
Appropriate degree of student engagement					
Quality of class material/AV Presentations					
Would you recommend this class to others? Please comm		es N	o		
What would you consider the most valuable aspect of this	s class?				
What suggestions do you have for improvement of this cla	ass?				
What suggestions do you have for future classes?					
Can you suggest an instructor to teach at OLLI?					