4748 Beneva Road
Sarasota, FL 34233
941-361-6590

Class Name: _____
Instructor Name: _____
Day/Time of Class: _____

We want your input! Please respond to the following by circling the number or word that reflects your opinion. While instructors receive all comments, names are not disclosed.

(1) No, not at all (2) Rarely (3) Sometimes (4) Often (5) Yes, always

	☹				☺
1. Course was properly described.	1	2	3	4	5
2. Course met my overall expectations (if not, please comment below)	1	2	3	4	5
3. Instructor was well prepared for each class session.	1	2	3	4	5
4. Class taught at an appropriate pace.	Yes		Too fast		Too slow
5. Would you recommend this class/instructor?	Yes		No		
6. Do you consider this class a good value?	Yes		No		
7. Was the ACE office staff helpful and courteous?	Yes		No		

What are the strengths of the course and/or instructor? _____

_____

How would you change the course to better suit your needs? _____

_____

What other classes would you like us to offer? What companion course would you like to accompany this one?

_____

Including this one, how many ACE classes have you taken? (Circle one) 1 – 5 6 – 9 10+
How can ACE improve your experience? _____

_____

Did you make any personal connections as a result of taking this class? Yes No Please explain: _____

_____

Where did you hear about this class? (Circle one or more)
Brochure ACE Web Page Radio Word of Mouth Facebook Teacher Online Calendar Email Google search Other_____

We would like to know more about you and your ACE experience. Please feel free to use the back of this page.

Print Name: _____ Date: _____
(optional) Name not disclosed to instructor

Gender: Male ___ Female ___ Age: < 30 ___ 30 – 40 ___ 40 – 50 ___ 50 – 60 ___ 60 – 70 ___ 70 – 80 ___ 80+ ___

Student's Signature: _____
(optional)

(your signature gives ACE permission to use your comments and name in any future publications, either in print or on website)

You may download this form at: www.ace-sarasota.com

(LT 02-2016)