



777 Grandview Drive, Kalispell, MT 59901~~ www.fvcc.edu

Continuing Education

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CONTINUING EDUCATION EVALUATION FORM

We would appreciate your evaluation of this class to help in planning of future classes and programs. Thank you.

Course Title: _____

Instructor: _____ Semester: _____

1. Content of the class _____ Fair _____ Good _____ Excellent

2. Instructor's method of presentation _____ Fair _____ Good _____ Excellent

3. What was the most effective aspect of this class? _____

4. What would you change to improve this class? _____

5. Would you recommend this class to others? _____ Yes _____ No

6. What class format works best for you? _____ Evenings _____ Weekdays _____ Weekends

7. What other classes would you like to see offered? _____

Please provide your name if you would like to be notified when your suggested class is offered: _____

8. How did you hear about this class? Please circle.

CE Class Schedule CE Newsletter Instructor Email Flyer/Postcard

Friend FaceBook Newspaper TV/Radio Other: _____

9. Did you take this class/workshop to enhance your job skills or potential? _____ Yes _____ No

Thank you for participating in this class.

We hope you will come grow with us as we continue to offer lifelong learning opportunities.