

COMMUNITY EDUCATION DEPARTMENT

Burlington High School

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http://www.basd.k12.wi.us/community_ed.cfm

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Thank you for taking a class through the Burlington Community Education Department. Please complete this survey and return to our office. We greatly appreciate your feedback.

Class Title

Instructor

Date(s)

How did you register for the class?

Mail

Online

Phone

Any comments about the registration process?

Please help us improve our Community Ed classes by selecting the number that best describes your experience.

Rating Scale:

- 1 Strongly Disagree
- 2 Disagree
- 3 Undecided
- 4 Agree
- 5 Strongly Agree

CLASS (please use rating scale listed above)

The material covered was relevant to the class description.

This class met all of my expectations.

This class furthered my knowledge in the subject covered.

I enjoyed taking this class.

I would recommend this class to a friend.

The duration time of this class was (please circle one):

Too Short

Too Late

Perfect

The time of day the class was available was (please circle one):

Too Early

Too Late

Perfect

CLASS INSTRUCTOR (Use rating scale listed above)

The instructor was helpful and friendly.

The instructor was able to teach me at my level.

The instructor showed enthusiasm in giving this class.

I would take another class given by this instructor.

I would recommend this instructor to my friends.

CLASS FACILITIES (please use rating scale listed above)

The room was comfortable in temperature.

The room had enough space to hold the class.

The room was well equipped for the class.

WOULD YOU RECOMMEND THIS CLASS TO A FRIEND? (please circle one)

Yes

No

If no, please explain:

How can the class be improved?

How did you learn about this class?

Comments regarding this class.

Are there any classes you would like to see offered thru CED?

Name (optional)

Thank you for helping us make your Burlington Community Education class a positive experience.