

# CONTINUING EDUCATION-EXTENSION NON-CREDIT PROGRAM EVALUATION

NAME OF PROGRAM \_\_\_\_\_  
 SESSION TITLE \_\_\_\_\_ DATE (S) \_\_\_\_\_  
 INSTRUCTOR (S) \_\_\_\_\_

**INSTRUCTIONS:** PLEASE INDICATE YOUR AGREEMENT/DISAGREEMENT WITH EACH OF THE FOLLOWING ITEMS REGARDING THIS PROGRAM/SESSION (1=STRONGLY AGREE AND 5=STRONGLY DISAGREE). USE A NUMBER 2 PENCIL. MAKE DARK MARKS AND BLACKEN CIRCLES COMPLETELY.

**SA=STRONGLY AGREE**  
**SD=STRONGLY DISAGREE**

**SA** **SD**

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 1. THE PROGRAM BROCHURE ACCURATELY DESCRIBED THE PROGRAM CONTENT.         | (1) | (2) | (3) | (4) | (5) |
| 2. THE PROGRAM INTRODUCED IDEAS WHICH WILL BE USEFUL IN MY JOB.           | (1) | (2) | (3) | (4) | (5) |
| 3. THE PROGRAM INTRODUCED IDEAS WHICH WILL BE USEFUL IN MY PERSONAL LIFE. | (1) | (2) | (3) | (4) | (5) |
| 4. THE OVERALL QUALITY OF THE PROGRAM/SESSION WAS EXCELLENT.              | (1) | (2) | (3) | (4) | (5) |

**COMMENTS:**

THE INSTRUCTOR FOR THIS PROGRAM/SESSION:

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 5. COVERED THE STATED PROGRAM CONTENT.                    | (1) | (2) | (3) | (4) | (5) |
| 6. KNEW THE SUBJECT MATTER.                               | (1) | (2) | (3) | (4) | (5) |
| 7. PRESENTED THE MATERIAL IN AN ORGANIZED MANNER.         | (1) | (2) | (3) | (4) | (5) |
| 8. RESPONDED INFORMATIVELY TO PARTICIPANTS' QUESTIONS.    | (1) | (2) | (3) | (4) | (5) |
| 9. WAS SENSITIVE TO THE KNOWLEDGE LEVELS OF PARTICIPANTS. | (1) | (2) | (3) | (4) | (5) |
| 10. KEPT THE DISCUSSION TO THE TOPIC.                     | (1) | (2) | (3) | (4) | (5) |
| 11. USED EFFECTIVE PRESENTATION SKILLS.                   | (1) | (2) | (3) | (4) | (5) |
| 12. USED TRAINING MATERIALS EFFECTIVELY.                  | (1) | (2) | (3) | (4) | (5) |
| 13. USED CLASS TIME EFFICIENTLY.                          | (1) | (2) | (3) | (4) | (5) |

**COMMENTS:**

- |  |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|
| 14. VISUAL MATERIALS USED IN THIS PROGRAM/SESSION WERE UNDERSTANDABLE.                   | (1) | (2) | (3) | (4) | (5) |
| 15. VISUAL MATERIALS USED IN THIS PROGRAM/SESSION WERE RELEVANT TO THE PROGRAM CONTENT.  | (1) | (2) | (3) | (4) | (5) |
| 16. PRINTED MATERIALS USED IN THIS PROGRAM/SESSION WERE UNDERSTANDABLE.                  | (1) | (2) | (3) | (4) | (5) |
| 17. PRINTED MATERIALS USED IN THIS PROGRAM/SESSION WERE RELEVANT TO THE PROGRAM CONTENT. | (1) | (2) | (3) | (4) | (5) |

**COMMENTS:**

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 18. THE FACILITIES WERE COMFORTABLE.                    | (1) | (2) | (3) | (4) | (5) |
| 19. THE FACILITIES OFFERED A GOOD LEARNING ENVIRONMENT. | (1) | (2) | (3) | (4) | (5) |
| 20. THE REGISTRATION PROCESS WAS EFFICIENT.             | (1) | (2) | (3) | (4) | (5) |
| 21. THE STAFF WAS HELPFUL.                              | (1) | (2) | (3) | (4) | (5) |
| 22. FOOD/REFRESHMENTS WERE OF GOOD QUALITY.             | (1) | (2) | (3) | (4) | (5) |

**COMMENTS:**

**PLEASE  
CONTINUE ON  
SIDE 2**

DO NOT WRITE IN THIS SHADED AREA

23. WHAT DID YOU LIKE BEST ABOUT THE PROGRAM?

\_\_\_\_\_  
\_\_\_\_\_

24. THE MOST USEFUL IDEA(S) YOU LEARNED WAS (WERE)

\_\_\_\_\_  
\_\_\_\_\_

25. WHAT WOULD YOU LEAVE OUT OF THE PROGRAM/SESSION?

\_\_\_\_\_  
\_\_\_\_\_

26. WHAT WOULD YOU ADD TO THE PROGRAM/SESSION?

\_\_\_\_\_  
\_\_\_\_\_

27. PLEASE ADD ANY OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. WHAT OTHER PROGRAM(S) WOULD YOU LIKE TO SEE OFFERED BY CONTINUING EDUCATION-EXTENSION AT UM-ST. LOUIS?

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST BELOW THE NAMES AND ADDRESSES OF ANY OF YOUR ASSOCIATES WHO MAY BE INTERESTED IN ATTENDING THIS PROGRAM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UMSL064 08/24/94

In order to assist us in reducing the cost of getting our message to you and others like you, please provide the following information. If you have already provided this information in a previous session of this program, you need not do so again.

What is your ZIP code? \_\_\_\_\_

In order of preference, to which radio station(s) do you listen most frequently?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Do you read the St. Louis Post Dispatch:

Daily?  Daily and Sunday?  Sunday only?  Not at all

Please list any other newspaper(s) you read regularly: \_\_\_\_\_

Which magazine(s) do you read regularly? \_\_\_\_\_