



Neighborhood Connection Participant Evaluation

Date: _____

Neighborhood Connection is a self-funded program of Fort Wayne Community Schools. The cost of this program activity is paid from fees, donations, or payments by local foundations, business or organizations. Your evaluation of this program, course and instructor is very important. It will help us improve our program and serve you better. We review each evaluation so please consider each question carefully. Thank you.

Course Name: _____

Instructor Name: _____

Please rate the quality of this class (5 being the best): 5 4 3 2 1

Please rate the quality of service you received when registering for this class: 5 4 3 2 1

What *one* word would best describe your class experience? _____

Did this class meet your expectations? If not, please explain. _____ Yes _____ No

Kindly share any comments with us. _____

We get some of our best ideas for future classes from participants. What class(es) would you like to see us offer in the future? _____

How did you hear about us? _____ Brochure (mailing) _____ Brochure (library/other)
_____ Web _____ Newspaper _____ Friend _____ Flyer

Optional: I give my permission to use my name and comments in promotional materials.

Signed: _____

Thank you! Return this form to the instructor before leaving class.
Or mail to: Neighborhood Connection 1200 S. Barr Street Fort Wayne, IN 46802

