



Oceanside Public Schools

DEPARTMENT OF COMMUNITY ACTIVITIES

TEL: (516) 594-2336

FAX: (516) 678-8944

ADULT COURSE SURVEY

Program: _____ **Day(s)** _____

Location: _____ **Date(s)** _____

Instructor: _____ **Times** _____

Dear Student:

In an effort to continually improve our Adult Continuing Education program, the Oceanside Department of Community Activities has asked that each participant fill out a questionnaire at the conclusion of each course. Your responses will provide us with information that can help us improve our classes and better serve the interests of our community. We thank you, in advance, for your cooperation.

1. Why did you take this course? (check one or more)

- To improve present job skills
- For personal enrichment
- To prepare for a job or career change
- For socialization
- Other (please specify) _____

2. What was your reason for selecting the Oceanside Department of Community Activities program for your continuing education? (check one or more)

- Attractive pricing
- The course was not available elsewhere
- Desirable location
- Convenient scheduling

Please circle the number which best corresponds to your response: (1- Strongly Agree → 4- Disagree)

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|-------------------------------------------------------------------|---|---|---|---|
| 3. The course met my expectations. | 1 | 2 | 3 | 4 |
| 4. The course fulfilled the objectives described in the brochure. | 1 | 2 | 3 | 4 |
| 5. The course sessions(s) were well organized. | 1 | 2 | 3 | 4 |
| 6. The course sessions(s) were just the right length of time. | 1 | 2 | 3 | 4 |
| 7. The number of offered course sessions was enough. | 1 | 2 | 3 | 4 |
| 8. The instructor was well prepared. | 1 | 2 | 3 | 4 |
| 9. The instructor was approachable and enthusiastic. | 1 | 2 | 3 | 4 |
| 10. The instructor was knowledgeable in his/her subject area. | 1 | 2 | 3 | 4 |
| 11. The instructor was prompt. | 1 | 2 | 3 | 4 |
| 12. I would recommend this course to someone else. | 1 | 2 | 3 | 4 |
| 13. The facility used for the class was appropriate and clean. | 1 | 2 | 3 | 4 |

(Over)

14. What did you like best about this program?

15. Additional comments or suggestions about this course:

16. Additional comments about the instructor:

*We thank you for taking the time to complete our survey.
Please place in an envelope and mail to or drop off at:*

**Oceanside Department of Community Activities
Adult Continuing Education
125 Merle Avenue
Oceanside, NY 11572**

We look forward to your joining us in the future for another course.