



Transforming Our Community...
One Student at a Time

1033 SPRINGFIELD AVENUE, CRANFORD, NEW JERSEY 07016

Cranford Campus
(908) 709-7600

Elizabeth Campus
(908) 527-7258

Youth Programs Evaluation Form (Ages 11-13)

Course Name: _____	Course Code: _____
Instructor: _____	Date: _____

Your completion of this evaluation form will help us determine the effectiveness of this course and/or whether it needs to be changed in some way to better satisfy your needs and the needs of future participants.

A. Please circle: **1 = Poor** **2 = Below Average** **3 = Fair** **4 = Good** **5 = Excellent**

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|----|-----------------------------------------------------|---|---|---|---|---|
| 1. | I rate the subject content of this course as: | 1 | 2 | 3 | 4 | 5 |
| 2. | The course met my expectations: | 1 | 2 | 3 | 4 | 5 |
| 3. | The instructor's knowledge of his/her material was: | 1 | 2 | 3 | 4 | 5 |
| 4. | The instructor's organization skills were: | 1 | 2 | 3 | 4 | 5 |
| 5. | The instructor demonstrated a concern for students: | 1 | 2 | 3 | 4 | 5 |
| 6. | Overall, I rate this course as: | 1 | 2 | 3 | 4 | 5 |

B. Why did you want to take this course?

C. What did you like best in this course?

D. What did you not like about this course?

E. What other courses would you like to see offered at Union County College?
