

The Art League School Course Evaluation Form

Please help us by filling out the following information and returning it to: The Art League School, studio 216, 105 N Union St, Alexandria, VA 22314, c/o School Director – Kathi Cohen, or by using the online pdf form and emailing it to kathic@theartleague.org: www.theartleague.org/classes/course-evaluation-survey/

Class /Workshop:

Instructor:

Day:

Time:

Date:

Why did you choose this school?

Location Curriculum Instructor Reputation Referral Price Store Gallery

How did you find out about this course?

Catalog Newspaper Radio Friend Internet Poster Direct Mail Flyer Other

Have you participated in any other courses led by this instructor? yes no If yes, where?

Why did you choose to participate in this course?

Learn new skills Improve current skills Scheduled time for art Socialization/Networking Other

Please evaluate the course:

Presentation of subject: Excellent Good Fair Poor

o needs improvement in the area of: _____

Value of material: Excellent Good Fair Poor

o needs improvement in the area of: _____

Organization: Excellent Good Fair Poor

o needs improvement in the area of: _____

Preparation: Excellent Good Fair Poor

o needs improvement in the area of: _____

Pace: Excellent Good Fair Poor

o needs improvement in the area of: _____

The course was (please check any boxes which are appropriate):

- | | | | |
|---|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Enjoyable | <input type="checkbox"/> Not enjoyable | <input type="checkbox"/> Useful | <input type="checkbox"/> Not useful |
| <input type="checkbox"/> Informative | <input type="checkbox"/> Not informative | <input type="checkbox"/> Helpful | <input type="checkbox"/> Not helpful |
| <input type="checkbox"/> Satisfying | <input type="checkbox"/> Not satisfying | <input type="checkbox"/> Too long | <input type="checkbox"/> Too short |
| <input type="checkbox"/> Worth the cost | <input type="checkbox"/> Not worth the cost | | |

You missed _____ session(s)/day(s) of this course.

Would you take another class with this instructor? yes no

Would you take another class at this school? yes no

What did you like most about the course?

What did you like least about the course?

Your overall impression of the course?

Other Comments?

This questionnaire is confidential and it is optional to give your name and phone number. If you wish, let us know and we would be happy to discuss your thoughts. Thank you for your help!