Rush-Henrietta Central School District Continuing Education Office 3288 East Henrietta Road, Henrietta NY 14467 585-359-7805



We hope you have enjoyed your Continuing Education course. To help us improve our offerings and better meet your needs, we would appreciate you taking time to fill out this evaluation form.

Course Title:					Instructor:				
Year: _	Session: Su	mmer_		Fall _		Winter _		Spring	
Please	e rate your instructor in the fol	lowing	areas (5 being	g the H	IIGHEST	·):		
	Knowledge of subject	5	4	3	2	1			
	Preparedness	5	4	3	2	1			
	Punctuality	5	4	3	2	1			
	Effectiveness of presentation	5	4	3	2	1			
	Answered your questions	5	4	3	2	1			
Was e	each class length/time: just rig	ht?	to	oo long	J?	to	o short?		
Was th	ne number of classes/course l	ength:	just rig	jht?	t	oo many	?	_ not enough?	
Were	you satisfied with this course?	, ,	es	1	No	(I1	f no, ple	ase comment)	
Was th	nis course useful to you overa	II?	Yes _		No _		(If no, p	lease comment)	
Would	I you recommend this course	to a frie	end?	Yes	S	_ No		(If no, please comment)
What (changes, if any, would you su	ggest f	or this	course'	?				
We wo	ould appreciate any general c	ommer	nts or si	uggesti	ons yo	ou may h	ave abo	ut the entire program.	
Any 🤻	ideas for new courses?								
	e return this to your instructor,	drop it	at our	office,	or mail	l it to Cor	ntinuing	Education at the above	

Bonnie Lee Coddington
Community Programs Coordinator