

Help us improve!

Class Name _____ If a parent completing for a child, please check

Participant age range: 0-4 5-9 10-14 15-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

Registration method: online mail in-person How did you hear about class: _____

What other classes would interest you?: _____

Best times for class – circle no more than 2: 6-7am 7-8am 3-4pm 4-5pm 5-6pm 6-7pm 7-8pm 8-9pm

Would you attend classes between 8am-3pm if offered? Yes No

Best days to attend a class – circle, no more than 2: Monday Tuesday Wednesday Thursday Friday Saturday

Rate instructor (ability to teach, organization, fulfilled your expectations): (low) 1 2 3 4 5 (high)

Rate class material: (low) 1 2 3 4 5 (high)

Would you recommend this class to a friend? Yes No → If no, why not? _____

What could we do better, including class specifics, communication, customer service in the office:

Phone/e-mail if you would like us to contact you (or if you would like to receive e-mail alerts about new courses) _____

Please use the back to share any other feedback. Thank you for your input! We look forward to see you in another class!

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