

SeniorNet of Staten Island, Inc.

Student Evaluation Form

COURSE NAME: _____

INSTRUCTORS: _____

SeniorNet of Staten Island is always interested in improving the quality of our courses. We invite you to help us do so by giving us your candid comments about the areas mentioned below. Thanks for your cooperation. *(Note: You need not sign this form).*

1. What were your goals for this course?

2. Are you satisfied with what you accomplished? Yes___ No___ Please comment.

3. Which lesson(s) did you find easiest to learn? Please comment.

4. Which lesson(s) did you find most difficult to learn? Please comment.

5. Please let us have your additional comments and suggestions regarding any other aspects of this course: