



Lexington Community Education

Course Evaluation

We welcome your comments, ideas, and suggestions to ensure that LCE programs fill our student's needs. Please complete the form below when this program has ended. Please call us if you would like to discuss anything in greater detail.

Name of Course: _____ Instructor: _____

Please rate the following:

(circle one in each column)

Poor Fair Good Very Excellent
Good

Instructor's knowledge of subject	1	2	3	4	5
Instructor's presentation of subject matter	1	2	3	4	5
Instructor's ability to keep your interest	1	2	3	4	5

Would you take another class from this instructor in the future? Yes ___ No ___

Would you take another Lexington Community Education class in the future? Yes ___ No ___

What did you like about this class?

Did you dislike anything?

What improvements could be made to this class?

We welcome your ideas for new courses:

Do you have any other suggestions or comments?

May we use your comments in our next catalog? Yes ___ No ___

Name: _____ Signature: _____ Date: _____

Lexington Community Education

Lexington Public Schools

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