

Adult Education Student Satisfaction Survey

Class Location/AM or PM: _____ Date: _____

Instructor Name(s): _____ Student Support Coordinator: _____

Direction: Please circle if you agree or disagree with each statement. Please comment if further explanation is needed.

1. My overall skills have improved since enrolling in the Development Center for Adults.
Agree Disagree Comment: _____
2. The curriculum and study materials were appropriate for my level of understanding.
Agree Disagree Comment: _____
3. The class times and location suited my educational needs.
Agree Disagree Comment: _____
4. The classroom atmosphere was pleasant and suited my educational needs.
Agree Disagree Comment: _____
5. My instructor treated me with respect and courtesy. He or she listened to my barriers and educational goals.
Agree Disagree Comment: _____
6. My instructor encouraged me to meet my personal and educational goals.
Agree Disagree Comment: _____
7. When facing barriers to my education, my Student Support Coordinator was able to offer referrals and assistance.
Agree Disagree Comment: _____
8. I was offered a tutor for more one on one help.
Agree Disagree Comment: _____
9. The technology in the classroom (computers, software, printer, etc.) helped reach my educational goals.
Agree Disagree Comment: _____
10. I would recommend the Development Center for Adults to a friend.
Agree Disagree Comment: _____

How did you learn about our program/classes?

Radio Television Newspaper Flyer Word of Mouth Social Media

If other, please explain: _____

Did a past graduate of our program refer you and if so, name of graduate? _____

What could we do to improve our Adult Education Program?

What would you like to see us continue doing in our Adult Education Program?