



## *Dig Deeper* { Adult Class Evaluation Form

Please complete the following form at the conclusion of your program or class. Your input is critical in helping us understand our students and in shaping future offerings.

Class Name/Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Class Section, Date(s), and Time(s): \_\_\_\_\_

1. I am a Morton Arboretum member

YES  No

2. The Morton Arboretum is my first choice for continuing education in BOTANICAL ART & ILLUSTRATION [**INSERT APPROPRIATE SUBJECT AREA**]

YES  No

3. This is my first class at The Morton Arboretum

YES  No

4. If no, how many classes have you taken at the Morton Arboretum? \_\_\_\_\_

5. I also go to \_\_\_\_\_ for education in the following areas \_\_\_\_\_

6. The instructor presented information in a clear and understandable way.

1 2 3 4 5  
strongly disagree strongly agree

7. I would take another class with this instructor.

1 2 3 4 5  
strongly disagree strongly agree

8. I would recommend this class to others.

1 2 3 4 5  
strongly disagree strongly agree





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18. What other topics would you like to see offered?

19. Your Age:       18-25       26-55       56-70       70+

20. Your Gender:       Male       Female

Additional comments:

Would you be interested in participating in a follow-up survey or focus group to help us understand the needs of our audiences? If so, please provide us with your email address or telephone number. This information will not be shared or used for any other purposes.

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Your name (Optional)

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May we quote your comments?    Yes \_\_\_\_\_    No \_\_\_\_\_

Thank you for your responses. You may return this form to your instructor, or mail it to the Education Program Coordinator at The Morton Arboretum, 4100 Rt. 53, Lisle, Illinois 60532.