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
9. This class/program was a good value for the cost.

1   2   3   4   5
strongly disagree       strongly agree

10. I plan to take another class at The Morton Arboretum.

1   2   3   4   5
strongly disagree       strongly agree

11. Are you in the Arboretum Certificate Program?  □ YES       □ NO       □ Graduated

□ Naturalist       □ Ornithology       □ Home Landscape Gardening
□ Botanical Art       □ Photography       □ Woodland Stewardship

12. How did you find out about this class?

□ Attended another class       □ Radio       □ Arboretum Web Site
□ Friend/Associate       □ Newspaper       □ Other: __________________

13. What was your level of subject matter experience entering this class?

□ Beginner       □ Some experience       □ Formal training

If you are an educator what level of instruction do you provide?

□ Pre-K       □ K-8       □ High school       □ College
□ Informal education       □ Professional continuing education       □ Not
Applicable

16. Please tell us why you took this class? Did we meet those expectations?

17. What was the single most useful idea, concept, or practice from this class that you plan to apply personally or professionally?
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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.

____________________________________________________________________

Your name (Optional)

____________________________________________________________________

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.