



University of Richmond School of Continuing Studies
Osher Lifelong Learning Institute

Class Evaluation Form

This form may be downloaded from scs.richmond.edu/osher/evaluation.htm

Course Title _____

Instructor _____

If multiple instructors, please include comments for each, on this single form

Semester Fall Spring Summer

1. Were your expectations for this course met? Yes No

Comments _____

2. Overall, how would you rate the subject material?

Excellent Satisfactory Unsatisfactory

Comments _____

3. How would you rate the presentation?

Excellent Satisfactory Unsatisfactory

Comments _____

4. Were questions welcomed by the instructor? Yes No

Were yours answered satisfactorily? Yes No Not applicable

Comments _____

5. Do you have any suggestions for further courses?

6. Would you be willing to lead an Osher course? Yes No

If yes, what topics of study would you be interested in leading?

Name (optional) _____

Your help to evaluate Osher classes is greatly appreciated and assists in the development of quality Osher programs. Please turn in completed form at the final class session, or return completed form to the Osher office. Thank you!

Form revised 4/3/2009