**OLLI at SOU**

**In-Person Course Student Feedback Form**

Your OLLI instructor would like your feedback as to what is working well in this course and what might be strengthened. All feedback is anonymous and read only by the instructor. Thank you!

Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I) How likely would you be to recommend this course to someone who has an interest in the subject? Please circle.

 Very

Not at all enthusiastically

1 2 3 4 5 6 7 8 9 10

II) Please explain why you rated the course as you have. Your comments and suggestions help instructors offer great OLLI courses to our members. Thank You!