



MULTNOMAH ARTS CENTER

CLASS EVALUATION

Please drop off at the MAC front desk.

INSTRUCTOR _____ CLASS # _____ CLASS TITLE _____

DAY (circle) S M T W T F S TIME _____ TERM Fall Winter Spring Summer YEAR _____

We value your input. By completing this form you provide valuable feedback that can be used to improve the quality of MAC programs and facilities.

	STRONGLY AGREE				STRONGLY DISAGREE
1. I was satisfied with the overall quality of the class.	5	4	3	2	1
2. The instructor was punctual and well prepared.	5	4	3	2	1
3. The instructor was knowledgeable about the subject matter.	5	4	3	2	1
4. The instructor made an effort to accommodate my needs.	5	4	3	2	1
5. I would take another class from this instructor.	5	4	3	2	1

6. The price was appropriate for this class. Expensive Perfect Inexpensive

7. What did you like most about this class/facility? _____

8. What improvements would you like to see in this class/facility? _____

9. How did you find out about the Multnomah Arts Center? _____

If you have additional comments or suggestions, please use the back of this form and check here:

OPTIONAL Name _____ Phone _____

Email _____

If you would like to be contacted to discuss anything about your experience at MAC, please check here:

Thank you for your input!



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

MULTNOMAH ARTS CENTER

7688 SW Capitol Highway

Portland, Oregon 97219

503.823.2787

MultnomahArtsCenter.org

