

Name of Project or Course: \_\_\_\_\_

Dates: From \_\_\_\_\_ To: \_\_\_\_\_

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

### Client Satisfaction Survey

Thank you for taking the time and effort to respond to this questionnaire. Please give your most candid and thorough response to the questions below. We do not ask for your name on this form. Your responses will be used only by the Unitarian Universalist Church of Las Cruces to improve our project and course offerings to clients of the J. Paul Taylor Center; only summary survey information will be shared with the Center, responses will not be identified by name.

The survey has three sections: information about you, your evaluation of the course, and your evaluation of the teacher.

## I. Information about you

Please check only one (1) box for each item you are asked to rate

Rate the amount of work you did

- More than just what was assigned       What was assigned       Almost none

Rate the level of your involvement in the activities of this course

- Enthusiastically involved       Somewhat involved       Very  
uninvolved

How much practical knowledge have you gained from this course?

- A great deal       Some       None

## II. General Evaluation of the Course

Please check only one (1) box for each statement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The goals of the course were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course procedures and assignments support course goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of reading you were asked to do was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of writing or other class work you were asked to do was enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What overall rating would you give the course?

Excellent

Good

Average

Poor

Very Poor

What are the major strengths of this course?

What are the major weaknesses of this course?

### III. General Evaluation of the Instructor

Please check only one (1) box for each question

	Always	Most of the time	Usually	Sometimes	Never
Could you get clear answers to your questions from the instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the instructor considerate to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the instructor effective in teaching in the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the instructor enthusiastic about the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What overall rating would you give the instructor?

- Excellent       Good       Average       Poor       Very poor

What would you recommend to improve the instructor's performance?