COURSE/SEMINAR EVALUATION FORM

Course/Seminar Title (i.e. - Estate Planning Basics) _____ Date _____

Instructor's Name _____ Community _____ (i.e. - Ann Arbor)

Please circle your best answer:

1. How did this class meet your expectations? Excellent Very Good Good Fair Poor

2. Was the instructor knowledgeable about the subject? Excellent Very Good Good Fair Poor

3. Was the Instructor enthusiastic? Excellent Very Good Good Fair Poor

4. One thing I really liked about this class was:

5. One change I would suggest for this class is:

6. How did you register for this class? Mail-in On-line In Person

7. Rate your registration experience: Excellent Very Good Good Fair Poor

8. Other classes you would like us to offer:

9. Other comments or testimonials you would like to make about the class, community or situs:

10. May we use your testimonial to promote future classes? Yes No

11. If "Yes" please print and sign your name. _____ _____
Print *Sign*

Please give this evaluation to the instructor. Thank you.