

# Speak Up. We're Listening.

We thank you in advance for completing this questionnaire. We hope you had a great experience with Community Education and Early Childhood Family Education/School Readiness. Please let us know what you liked and what we can do better. Thank you!



If you would you like to talk with someone from our office instead, please do not hesitate to call us at 847-4418.

## How Did We Do?

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
<b>Catalog</b>					
Selection of class offerings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ideas or suggestions for new classes Please tell us:					
Distribution of catalog					
Post Office bulk mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DL Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Registering for Classes/Activities</b>					
On-line catalog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How did you register?	Phone	Website	Mail	Lincoln Education Center	
If using the website, how was your experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any ideas or suggestions for improvement?					
Friendliness of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY EDUCATION & ECFE/SCHOOL READINESS

LINCOLN EDUCATION CENTER, 204 WILLOW STREET EAST, DETROIT LAKES, MN 56501

Excellent      Good      Average      Fair      Poor

**Your Class/Activity**

What class did you take?

Knowledge of instructor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate room for class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall class experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Was the class what you expected?      Yes      No  
If not, could you tell us why not?  
Please be specific:

Did the class exceed your expectations?      Yes      No  
If yes, how?

**Overall**

How can we improve?

Was there any instructor or staff who helped make your experience more enjoyable? If so, please tell us who they were and how they helped you. We'd like to recognize them.

Do you plan on taking another class with us?      Yes      No

We would like the opportunity to visit with you about your overall experience. If we can call you, please complete:

Name \_\_\_\_\_ Phone \_\_\_\_\_

*PLEASE RETURN THIS FORM TO THE LINCOLN EDUCATION CENTER OFFICE.  
THANK YOU FOR YOUR TIME. HAPPY DAY!*