Dig Deeper $\{$ Adult Class Evaluation Form

Please complete the following form at the conclusion of your program or class. Your input is critical in helping us understand our students and in shaping future offerings.

Cl	ass Name/Number:	:			
In	structor:				
	ass Section, Date(s)				
1.	I am a Morton Arb ☐ YES	oretum memb	er		
2.	The Morton Arbor ILLUSTRATION [INSEF	•		_	ion in Botanical Art &
3.	This is my first clas	ss at The Morto	on Arboretum		
4.	If no, how many cl	asses have you	ı taken at the M	Iorton Arboreti	ım?
5.	I also go to areas				in the following
6.	The instructor pres	sented informa	tion in a clear a	nd understand	able way.
	1 strongly disag	ree	3	4	5 strongly agree
7.	I would take anoth	_		_	_
	1 strongly disag	ree	3	4	5 strongly agree
8.	I would recommen				
	1 strongly disag	2 ree	3	4	5 strongly agree



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9. This class/program was a	good value for	r the cost.						
1	2	3	4	5				
strongly disagree				strongly agree				
10. I plan to take another cla	ass at The Mor	ton Arboret	um.					
1	2	3	4	5				
strongly disagree				strongly agree				
11. Are you in the Arboretu	m Certificate P	rogram? 🗖	YES •N	O □Graduated				
☐ Naturalist	☐ Ornitholo	ogy 🗖	Home Lands	cape Gardening				
☐ Botanical Art	☐ Photogra	phy 🗖	Woodland St	ewardship				
12. How did you find out about this class? ☐ Attended another class ☐ Radio ☐ Arboretum Web Site								
Attended another class	■ Naulo	_	Alboretuin	Web Site				
☐ Friend/Associate	☐ Newspap	er 📮	Other:					
13. What was your level of s	subiect matter	experience	entering this o	class?				
☐ Beginner	-	•	Formal traini					
If you are an educator what		•	•					
☐ Pre-K	☐ K-8		High school	College				
☐ Informal education Applicable	☐ Professio	nal continui	ng education	☐ Not				
16. Please tell us why you to	ook this class?	Did we mee	t those expect	rations?				
17. What was the single mo	st useful idea,	concept, or	practice from	this class that you				
plan to apply personally or p	orofessionally?	1						

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18. What other topics would you like to see offered?									
19. Your Age:	☐ 18-25	2 6-55	□ 56-70	1 70+					
20. Your Gender:	☐ Male	☐ Female							
Additional comments:									
Would you be interested in participating in a follow-up survey or focus group to help us understand the needs of our audiences? If so, please provide us with your email address or telephone number. This information will not be shared or used for any other purposes.									
Your name (Optional)									
May we quote your o	omments? Y	es	No						

Thank you for your responses. You may return this form to your instructor, or mail it to the Education Program Coordinator at The Morton Arboretum, 4100 Rt. 53, Lisle, Illinois 60532.