



STUDENT QUESTIONNAIRE

DATE _____

Course Name: _____ Instructor: _____

Quarter taken: _____ How did you hear about Gage? _____

Have you taken classes here before? _____ Approximately how many? _____

Which Academy events do you regularly attend? (Circle as many as apply)
Art Openings Lectures Toolkits ARTalks Free Critiques

Why did you decide to take this particular program? (Circle as many as apply)

Instructor Subject Matter Time of Day Other: _____

Have you studied with this instructor before? YES NO

PLEASE RATE THE FOLLOWING:

- The course fulfilled my expectations. _____
- The course met the objectives as stated by the instructor. _____
- The instructor has a comprehensive knowledge of the subject. _____
- The instructor communicated the subject matter effectively. _____
- The instructor was responsive to student needs. _____
- The instructor gave me adequate personal critiques. _____
- The instructor's class presentations were well organized. _____
- The classroom monitor was polite and helpful. _____
- I would recommend this program to others. Yes No
- I would take additional classes at Gage. Yes No

- Please fill in the blanks as follows:**
- 5. Strongly agree
 - 4. Agree
 - 3. Somewhat agree
 - 2. Disagree
 - 1. Strongly disagree
 - NA Not Applicable

What did you like best about your class? _____

What, if anything would you change? _____

General Comments (*continue on reverse if needed*) _____

What types of new programs would you like to see being offered at Gage?

Please sign below if we can use any of your remarks in Gage catalogs/materials.

Signature

Print Name