



FEEDBACK SUMMARY FOR COURSES

Course: _____	
Course Dates: _____	
Presenter(s): _____	
# of Attendees: _____ # of Feedback Forms: _____	
# Attendees at Session #1: _____ #2: _____ #3: _____ #4: _____	
Attendee Feedback on Course	
Attendee General Suggestions	
Zoom Class?	<p>If this class were offered on-line, would you consider zoom if you could not attend in person:</p> <p>Yes #: _____ No #: _____ Did Not Answer #: _____</p>
Potential Volunteers	<p>Name: _____</p> <p>Email: _____</p> <p>Telephone: _____</p> <p><i>Note: This information should be shared with the Volunteer Chair at vol@aikenlearning.org</i></p>

