



DISNEY INSTITUTE PROGRAM EVALUATION

DIRECTIONS

 OR

 Please Detach Blocks Completely

Month	JAN <input type="checkbox"/>	FEB <input type="checkbox"/>	MAR <input type="checkbox"/>	APR <input type="checkbox"/>	MAY <input type="checkbox"/>	JUN <input type="checkbox"/>	JUL <input type="checkbox"/>	AUG <input type="checkbox"/>	SEP <input type="checkbox"/>	OCT <input type="checkbox"/>	NOV <input type="checkbox"/>	DEC <input type="checkbox"/>
Day	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>		
Year	9 <input type="checkbox"/>											
Program Time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>

Program: _____
 Primary Instructor: _____
 Assisting Instructor: _____
 Your Name and Phone Number: (Optional) _____

1. Please rate the following by placing a mark in the appropriate box:

	Excellent	Very Good	Good	Just Okay	Poor	Don't Know Not Applicable
OVERALL RATING ON:						
Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROGRAM RATING ON:						
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTOR RATING ON:						
Level of your participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding your interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing thoughts clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving you individual attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Was the level of the program content... Too basic for you Too advanced for you Just right for you

3. Was the length of the program appropriate? Yes No **If no, how long should it have been?**
 Less than 2 hours 2-4 hours 4-6 hours More 6 hours

4. Relative to your expectations, was your overall experience in this program...
 Much better than expected About what expected Much less than expected
 Better than expected Less than expected
 Why? _____

5. What about the program was the most fun for you? _____

6. Suggestions for improvement _____

7. Other comments (use reverse side if needed) _____

OFFICE USE ONLY

Primary Instructor:

1st	0	1	2	3	4	5	6	7	8	9
2nd	0	1	2	3	4	5	6	7	8	9
3rd	0	1	2	3	4	5	6	7	8	9

Assisting Instructor:

1st	0	1	2	3	4	5	6	7	8	9
2nd	0	1	2	3	4	5	6	7	8	9
3rd	0	1	2	3	4	5	6	7	8	9

CA LS
 DA SA
 EA YO
 EN SF PA

Program Code:
 1st 0 1 2 3 4 5
 2nd 0 1 2 3 4 5 6 7 8 9