

United Food & Commercial Workers Union, Local 7

NEW MEMBER ORIENTATION PROGRAM EVALUATION *PLEASE TURN IN THIS FORM at the end of class. Thank You!*

INSTRUCTOR'S NAME: _____ CITY: _____ DATE: _____

1. The class was: too basic too advanced about right
2. Would you recommend this class to others? yes no
3. The length of the class was: too long too short about right
4. Will you be able to use the information learned here in your work or daily life? yes no
5. I found the information presented: useful of no use
6. What would you have omitted from the program? _____

7. What would you like to see added to the program? _____

8. On a scale of 1 to 10 (10 being highest) please rate the class: _____
9. Comments: _____

