



**MT. AIRY LEARNING TREE** • 6601 Greene Street • Philadelphia, PA 19119  
215-843-6333 (voice) • 215-843-6655 (fax) • www.mtairylearningtree.org

### STUDENT FEEDBACK FORM

Mt. Airy Learning Tree (MALT) is very interested in your opinions. We use this information to provide feedback to teachers, to address problems or concerns, and to ensure that we offer the classes you want.

COURSE: \_\_\_\_\_ TERM: \_\_\_\_\_ TEACHER: \_\_\_\_\_  
(Season & year)

1. Was this your FIRST class with MALT?  Yes  No
2. If this was NOT your first class, how many classes, in total, have you taken, including the class identified above?  2  3-5  6-9  10-15  15+
3. Please rate your level of agreement or disagreement with the following statements.  
*Circle one for each statement*

	STRONGLY DISAGREE	DISAGREE	UNDECIDED	AGREE	STRONGLY AGREE
a. I learned a lot from this instructor	☹☹	☹	☺	☺	☺☺
b. The instructor had a strong understanding of the subject matter	☹☹	☹	☺	☺	☺☺
c. I would recommend this class to others	☹☹	☹	☺	☺	☺☺
d. I would take another class from this instructor	☹☹	☹	☺	☺	☺☺

*Feel free to elaborate on your answers here:* \_\_\_\_\_

\_\_\_\_\_

4. What was GREAT about this class?

\_\_\_\_\_

5. How could this class have been better?

\_\_\_\_\_

**PLEASE CONTINUE ON THE OTHER SIDE OF THIS PAGE...**



6. Was the class location satisfactory and appropriate? *Circle one answer*  
YES NO, please explain: \_\_\_\_\_

7. How did you find out about this class? *Circle all that apply*  
MALT CATALOG MALT WEBSITE FRIEND/RELATIVE INSTRUCTOR  
SOCIAL MEDIA (FACEBOOK, INSTAGRAM, TWITTER, MEETUP) OTHER: \_\_\_\_\_

8. Where did you get your copy of the MALT CATALOG?  
MAIL ONLINE FRIEND/RELATIVE  
LIBRARY/BUSINESS \_\_\_\_\_ OTHER: \_\_\_\_\_  
*(tell us which library / business / or other location where you picked up the catalog)*

9. Was the MALT CATALOG/WEBSITE description of this class accurate? *Circle one answer*  
YES NO, please explain: \_\_\_\_\_

10. What other classes would you like to see offered through MALT?  
\_\_\_\_\_  
\_\_\_\_\_

11. Feel free to make additional comments here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----  
The section below is **optional**. It will help us assess our outreach and program design efforts to know a little about you. *Circle one answer for each*

11. **RACE:** Black or African American Caucasian Asian Latino/a Other \_\_\_\_\_

12. **GENDER:** Male Female Transgender

13. **AGE:** 12-17 18-29 30-45 46-64 65+

14. **HOUSEHOLD ANNUAL INCOME:** Under \$35,000 \$35,000-\$60,000 \$60,000-\$100,000 Over \$100,000

15. **# OF PEOPLE LIVING IN YOUR HOUSEHOLD:** \_\_\_\_\_

-----  
Please return this form to your teacher or send it directly to MALT. See top of first page for mailing address or fax number. If you would like a personal response, please provide your name and contact information below.

*Optional:* Name \_\_\_\_\_ Contact Info \_\_\_\_\_

**THANK YOU VERY MUCH!**