



Carroll County Community Center

Comment/Suggestion Survey

Date _____

1. HOW WOULD YOU EVALUATE THE CCCC INSTRUCTORS? (circle your answer)

- | | | |
|---|-----|----|
| Did your instructors seem friendly? | YES | NO |
| Did your instructors seem knowledgeable | YES | NO |
| Was the group well controlled? | YES | NO |
| Did the sessions begin and end on time? | YES | NO |

Additional comments about the instructors: _____

2. HOW DO YOU FEEL ABOUT THE QUALITY OF OUR PROGRAMS? (circle your answer)

- | | | |
|-----------|-----------|---------------|
| Impressed | Satisfied | Not Satisfied |
|-----------|-----------|---------------|

3. WHAT DO YOU LIKE ABOUT OUR PROGRAMS? DISLIKE ABOUT OUR PROGRAMS?
PLEASE PROVIDE SUGGESTIONS FOR IMPROVEMENT:

4. WHAT ARE YOUR FEELINGS ABOUT THE FACILITY?

- | | | |
|---|-----|----|
| Was the front desk helpful and friendly? | YES | NO |
| Was the overall facility clean and well maintained? | YES | NO |

Additional
Comments: _____

5. WOULD YOU BE INTERESTED IN VOLUNTEERING FOR FUTURE CCCC PROGRAMS?

- | | |
|-----|----|
| YES | NO |
|-----|----|

If so, please state your name, phone number & programs of interest: _____

6. What programs, classes, and special events would you like to see offered at the CCCC? _____

PLEASE PROVIDE ANY ADDITIONAL COMMENTS: _____

Thank you for your honest comments. At the CCCC, it is our job to please and serve the community, and through your valuable feedback we are able to improve our program!

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