



John A. Logan College
Evaluation Form

PEOPLE ATTENDING:

FACILITY and/or AREA USED:

DATE:

WORKSHOP/CONFERENCE:

TIME:

CONTACT PERSON:

ADDRESS:

Using the scale below, please circle the appropriate rating that best describes your opinion.

5=Excellent 4=Good 3=Average 2=Below Average 1=Poor

1. What is your perception of the facilities utilized?

Appearance	5	4	3	2	1
Temperature	5	4	3	2	1
Cleanliness	5	4	3	2	1

2. What is your perception of the dining service?

Quality	5	4	3	2	1
Quantity	5	4	3	2	1
Appearance	5	4	3	2	1
Attentiveness	5	4	3	2	1
Friendliness	5	4	3	2	1
Promptness	5	4	3	2	1

3. Overall rating: (Please circle one.)

Excellent Good Average Below Average Poor

4. Please take this opportunity to make any comments or suggestions. _____

Signature: _____ Date: _____

Attn: Scheduling Office
700 College Road.
Carterville, IL 62918