1. Lifelong Learning Course Evaluation Form

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	1. Write the name and number of your course in the box below:
	brain fitness,LLI 374
	2. Who was your Instructor?
	Carl Burnett
	3. Date of Class
	Fall 2019
	4. The fee for this class was:
	Very Reasonable
	5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified in the course syllabus?
	Yes
	6. Please provide the reasons you believe the learning outcomes were accomplished.
	Thorough, visuals excellent
	7. Instructor was knowledgeable:
	5
	8. The Instructor encouraged class participation.
	5
	9. The Instructor was well prepared for each session.
	5
	10. The Instructor communicated effectively.
	5
	11. The Instructor effectively used class time.
	5
	12. Overall Instructor rating.
	5
	13. I would recommend this course to a friend.
	5
	14. Do you have any additional comments about the Instructor?
	easy to communicate with
	15. How did you find out about this class?
	Lifelong Learning Brochure

If "other" how did you hear about the Lifelong Learning class?

- 16. What classes would you like to see us offer in the future?
- 17. Where / What locations would you like to see classes offered?
- 18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Mornings Weekday Afternoons

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

Yes

21. Would you be willing to serve as a volunteer in the Llfelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

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	brain fitness,LLI 374
	2. Who was your Instructor?
	Carl Burnett
	3. Date of Class
	Fall 2019
	4. The fee for this class was:
	Very Reasonable
	5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified in the course syllabus?
	Yes
	6. Please provide the reasons you believe the learning outcomes were accomplished.
	Thorough, visuals excellent
	7. Instructor was knowledgeable:
	5
	8. The Instructor encouraged class participation.
	5
	9. The Instructor was well prepared for each session.
	5
	10. The Instructor communicated effectively.
	5
	11. The Instructor effectively used class time.
	5
	12. Overall Instructor rating.
	5
	13. I would recommend this course to a friend.
	5
	14. Do you have any additional comments about the Instructor?
	easy to communicate with
	15. How did you find out about this class?
	Lifelong Learning Brochure

If "other" how did you hear about the Lifelong Learning class?

- 16. What classes would you like to see us offer in the future?
- 17. Where / What locations would you like to see classes offered?
- 18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Mornings Weekday Afternoons

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

Yes

21. Would you be willing to serve as a volunteer in the Llfelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

If "other" how did you hear about the Lifelong Learning class?

1. Lifelong Learning Course Evaluation Form

1. Write the name and number of your course in the box below:
Brain Fitness LLI 374
2. Who was your Instructor?
Carl Burnett
3. Date of Class
Summer 2019
4. The fee for this class was:
Expensive
5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified in the course syllabus?
Yes
6. Please provide the reasons you believe the learning outcomes were accomplished.
Very Informative
7. Instructor was knowledgeable:
5
8. The Instructor encouraged class participation.
5
9. The Instructor was well prepared for each session.
5
10. The Instructor communicated effectively.
5
11. The Instructor effectively used class time.
5
12. Overall Instructor rating.
5
13. I would recommend this course to a friend.
5
14. Do you have any additional comments about the Instructor?
N/A
15. How did you find out about this class?
Lifelong Learning Brochure

16. What classes would you like to see us offer in the future?

meditation

17. Where / What locations would you like to see classes offered?

GBC

18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Mornings

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

No

21. Would you be willing to serve as a volunteer in the Lifelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

1. Lifelong Learning Course Evaluation Form

WD&CE Class Schedule

1. Write the name and number of your course in the box below:
Brain Fitness: LLI374
2. Who was your Instructor?
Carl Burnett
3. Date of Class
Summer 2019
4. The fee for this class was:
Very Reasonable
5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified in the course syllabus?
Yes
6. Please provide the reasons you believe the learning outcomes were accomplished.
There was good infromation provided along with resources. In addition hands on activities reinforced the course content
7. Instructor was knowledgeable:
5
8. The Instructor encouraged class participation.
5
9. The Instructor was well prepared for each session.
5
10. The Instructor communicated effectively.
5
11. The Instructor effectively used class time.
5
12. Overall Instructor rating.
5
13. I would recommend this course to a friend.
5
14. Do you have any additional comments about the Instructor?
Carl Burnett made the class interesting, was always engaging with the class participants
15. How did you find out about this class?

If "other" how did you hear about the Lifelong Learning class?

16. What classes would you like to see us offer in the future?

A follow on course to the one

17. Where / What locations would you like to see classes offered?

Gaithersburg Business Center, Germantown Campus

18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Mornings Weekday Afternoons

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

Yes

21. Would you be willing to serve as a volunteer in the Lifelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

If "other" how did you hear about the Lifelong Learning class?

1. Lifelong Learning Course Evaluation Form

1. Write the name and number of your course in the box below:	
Brain Fitness LLI374	
2. Who was your Instructor?	
Carl Burnett	
3. Date of Class	
Summer 2019	
4. The fee for this class was:	
Very Reasonable	
5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified course syllabus?	in the
Yes	
6. Please provide the reasons you believe the learning outcomes were accomplished.	
I was able to internalize and utilize the memory techniquespresented	
7. Instructor was knowledgeable:	
5	
8. The Instructor encouraged class participation.	
5	
9. The Instructor was well prepared for each session.	
5	
10. The Instructor communicated effectively.	
5	
11. The Instructor effectively used class time.	
5	
12. Overall Instructor rating.	
5	
13. I would recommend this course to a friend.	
5	
14. Do you have any additional comments about the Instructor?	
He was very knowledgeable and professional	
15. How did you find out about this class?	
Lifelong Learning Brochure	

16. What classes would you like to see us offer in the future?

17. Where / What locations would you like to see classes offered?

Gaithersburg

18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Mornings Weekday Afternoons

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

Yes

21. Would you be willing to serve as a volunteer in the Lifelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

1. Lifelong Learning Course Evaluation Form

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	1. Write the name and number of your course in the box below:
	Brain Fitness
	2. Who was your Instructor?
	Carl Burnett
	3. Date of Class
	Summer 2019
	4. The fee for this class was:
	Reasonable
	5. Based upon the material covered, do you believe the learning outcomes were accomplished as specified in the course syllabus?
	Yes
	6. Please provide the reasons you believe the learning outcomes were accomplished.
	From the description in the catalog, I thought the course was going to focus primarily on brain games with numbers, but Professor Burnett covered much more. He presented a comprehensive overview of brain plasticity and fitness through videos, lectures, and in-class exercises.
	7. Instructor was knowledgeable:
	5
	8. The Instructor encouraged class participation.
	5
	9. The Instructor was well prepared for each session.
	5
	10. The Instructor communicated effectively.
	5
	11. The Instructor effectively used class time.
	5
	12. Overall Instructor rating.
	5
	13. I would recommend this course to a friend.
	5
	14. Do you have any additional comments about the Instructor?
	Professor Burnett is an excellent teacher. His presentations were always well organized and easy to follow. His

Lifelong Learning Brochure

website contains a wealth of information.

15. How did you find out about this class?

If "other" how did you hear about the Lifelong Learning class?

16. What classes would you like to see us offer in the future?

astronomy, world history, palette knife painting

17. Where / What locations would you like to see classes offered?

Rockville campus

18. Are you a new or returning Lifelong Learning student?

Returning Lifelong Learning Student

19. Would you consider taking classes at any of these times or days. Select ALL that apply.

Weekday Afternoons

Sunday Afternoon 1:00 p.m.-3:00 p.m.

20. May we use all or portions of your comments as anonymous student testimonials in our advertising?

Yes

21. Would you be willing to serve as a volunteer in the Lifelong Learning Office on the Germantown Campus?

No

22. Optional. If you would like to discuss this class, or have ideas for future classes please write your comments in the box below.

I suggest changing the catalog description of this course so that students are aware that brain games are not the primary focus.

Perhaps a Brain Fitness Part II should be offered where more class time would be devoted to playing brain games to reinforce the information presented in the original course. I would be interested in taking such a class.