

Mid-Year Program Evaluation

PLEASE CIRCLE THE ANSWER THAT IS THE MOST ACCURATE.

1. I participate in the programs offered by the MSC.
Never Seldom Sometimes Often
2. If the MSC was open in the evening I would participate in programs scheduled after 5:00 pm.
Never Seldom Sometimes Often
3. I usually eat lunch at the Nutrition Site.
Never Seldom Sometimes Often
4. How often does parking affect your participation in MSC programs?
Never Seldom Sometimes Often
5. MSC programs are appealing and meet my needs.
Never Seldom Sometimes Often
6. How often do you watch *Senior Beat*, the local cable show for, by and about seniors?
Never Seldom Sometimes Often
7. Circle program topics of interest to you:
Art Technology Exercise Wellness
Housing Medicare Dances Trips
Nutrition Movies Singing Cooking
Learning an Instrument Music Performers Others _____

Age: _____	Zip Code: _____	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____
Ethnic/Racial Group:	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander	
	<input type="checkbox"/> Native American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other _____	

COMMENTS, QUESTIONS, THOUGHTS:

Name (optional): _____ Phone or Email: _____

Please drop-off or mail the evaluation to:
Madison Senior Center, 330 W. Mifflin St., Madison, WI 53703

You can also download it from the website, www.madisonseiorcenter.org and email it to lhunt@cityofmadison.com.