

Directions: Please fill out the questionnaire completely. **Your name is not needed.** Your information will be used to improve the GED Program.

1. **What age group do you place? (circle one)**
 - a. 18 – 25
 - b. 26 – 33
 - c. 34 – 41
 - d. 42 – and up
2. **What lead you to enroll in the GED program?**
3. **How accessible are the classes?**
4. **How helpful are the teachers and staff?**
5. **What are your plans after receiving the GED certificate?**
6. **How does this program help you?**
7. **What would you change about the program and Why?**
8. **How would you recommend the GED program to others?**
9. **How would you rate the GED program (1 = *poor* and 5 = *great*)?**