

Welcome to Medicare class – Evaluation & feedback

Today's date: ____ / ____ /20 ____

My zip code: _____

My age range:

- 20 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61-64
- 65-74
- 75-84
- 85+

I am:

- Already on Medicare
- Will join Medicare in the next 6 months
- Learning more about Medicare so I can help someone else

I heard about this class through: _____

How I rate this class overall:

- Excellent Good Average Poor Very poor
-

What I found most helpful: _____

What could be improved: _____

Other comments: _____

Optional

- Please have a SHIBA volunteer contact me to discuss my questions.
- I'm interested in learning more about becoming a SHIBA volunteer.

Name: _____

Phone number(s): () ()

Best time to call: _____

I have questions about: _____