



Study Group Feedback Form
(Spring 2010)

Thank you for taking the time to complete this form. Your comments are important and will be read by the Study Group Leader and the Curriculum Committee.

Study Group Title _____

Leader's Name _____ **Course #** _____

1. What is your overall evaluation of the course? Excellent Good Fair Poor

2. Was the course consistent with the catalog description? Yes ___ No ___

If not, please explain _____

3. What did you enjoy most about this study group? and the SGL? _____

Excellent Good Fair Poor Not Applic.

4. The Study Group Leader:

Organized the course well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knew the subject well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained it coherently.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoke loudly and clearly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave enough time for class discussion ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept discussions on track.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you take another course with this SGL? Yes ___ No ___

If not, please explain _____

6. Please write other comments here and share any suggestions for improvement: _____
