**OLLI at SOU**

**In-Person Course Student Feedback Form**

Your OLLI instructor would like your feedback as to what is working well in this course and what might be strengthened. All feedback is anonymous and read only by the instructor. Thank you!

Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the response which most closely represents your assessment of the course at this point. Your narrative comments will give the instructor additional information.

Strongly Agree = 4 Agree = 3 Disagree = 2 Strongly Disagree = 1 Not applicable = NA

a. The course matched its catalog description.

4 3 2 1 NA

Comments:

b. The instructor demonstrated a strong command of the course content.

4 3 2 1 NA

Comments:

c. The instructor was well-organized.

4 3 2 1 NA

Comments:

d. The teaching methods employed were effective in teaching this course.

4 3 2 1 NA

Comments:

e. The learning environment was accepting, inclusive, responsive, and safe.

4 3 2 1 NA

Comments:

f. The pace of the course was appropriate for the content.

4 3 2 1 NA

Comments:

g. Facilitated discussion, if part of the course, was managed well by the instructor.

4 3 2 1 NA

Comments:

h. The instructor’s materials were easily accessed by students through email, LearnerNotes,

 and/or SOU Moodle.

4 3 2 2 NA

Comments:

1. Was the instructor able to effectively use in-class technology, if used?

 4 3 2 1 NA

Comments:

Any additional thoughts?