

# Chips 10.5 Project Group Feedback

Please take the following survey to tell us about your CHIPS 10.5 final project group experience! This form will close on December 13th at 11:59pm.

\* Indicates required question

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1. Email \*

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2. First Name \*

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3. Last Name \*

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4. SID \*

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## Study Group Feedback

Please answer the following questions about your CHIPS 10.5 final project group.

5. Please reflect upon your group experience and complete the following statements accordingly \*

*Mark only one oval per row.*

	Zero/None	Few	Many/Most
I collaborate with my group _____ times on class material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____ of the group members regularly participate in group interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members generally respond to _____ of the meeting initiations or questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please reflect upon your group experience and choose what best represents the accuracy for each of the following statements

\*

*Mark only one oval per row.*

	1=Very Inaccurate	2=Inaccurate	3=Neither	4=Accurate	5=Very Accurate
<b>If you make a mistake in this group, it is easily forgiven</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Members of this group are able to bring up problems and tough issues</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>People in this group sometimes reject others for being different</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I feel safe taking risks (proposing original ideas, trying non-standard approaches, etc.) in this group</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>People feel comfortable asking other members of this group for help or asking</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

asking  
questions

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No one in  
this group  
would  
deliberately  
act in a way  
that  
undermines  
my efforts  
my efforts

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☐☐☐☐☐

Working  
With  
members of  
this group,  
their unique  
skills and  
talents are  
valued and  
utilized

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☐☐☐☐☐

7. How do you feel about your overall group experience? \*

Mark only one oval.

Very negative

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

Very positive

Any other comments?

Please feel free to add more details below about your experience this semester.

8. (Optional) What are the best things that have resulted from your participation in the study group matching process? Any positive experiences we should know about?

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9. (Optional) Was there anything you think you could have done differently this semester to have a better study group experience?

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10. (Optional) Is there anything else you would like to let us know about your study group? Any negative experiences we should know about?

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11. For the purposes of improving future study groups for myself and others, I consent <sup>\*</sup> to have my anonymized information and responses used. This will have no impact on your grade.

We would like to use your responses to this and other course surveys to improve the study group-matching system for the future and the remainder of this class, and we need your consent! No identifying information may be used and this will have no impact on your grade. Please check below if we may do this. The PI for the study is Professor Ranade and the Protocol ID is 2020-08-13526. Completely anonymized information, feedback, and course scores may be used to improve future study groups for courses throughout Berkeley. We ask that you please consent so we can improve study group experiences!

*Mark only one oval.*

- ☐ Yes, I consent
- ☐ No, I do not consent

Thank you for taking the time to answer this survey :)

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