

Study Group Feedback

* Indicates required question

1. Email *

2. First Name *

3. Last Name *

4. SID *

We would like to use your feedback for improving the group-matching system for the future and the remainder of this class and we need your consent! Please check below if we may do this. Your participation will have no impact on your grade. The PI for the study is Prof. Ranade and the Protocol ID is 2020-08-13526.

Anonymized feedback and class scores and information may be used to improve future study groups. We ask that you please consent so we can improve the experience for the next set of students!

5. I consent to have anonymized information, feedback responses and scores used for research purposes, regardless of any previous response, so that the instructors may improve the efficacy of study groups in the future. I understand that no personally identifying information will be used. *

Mark only one oval.

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

6. Did you work collaboratively with other students to complete assignments and/or study for this course? *

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to question 14*

7. How did you form your study group? *

Mark only one oval.

- ☐ I was assigned to a group using the course system
- ☐ I formed my own study group and reported them to course staff in the group matching form
- ☐ I formed my own study group and did not report them in the group matching form
- ☐ I did not have or receive a fixed study group *Skip to question 14*

Study Group Feedback

Please answer the following questions about the most recent group you have been assigned to.

8. Group Interactions *

Interacting can involve meeting or talking online. Initiating study activities can involve proposing meeting to do coursework, or talking about coursework remotely.

Mark only one oval per row.

	Never	A few times a month	Once a week	More than once a week
I interact with my study group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I initiate interactions with my group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other group members initiate interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Group Behavior *

Mark only one oval per row.

	None	Few	Many	Most/All
I collaborate with my group on studying for ____ of the homeworks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I collaborate with my group on studying for ____ of the exams	<input type="radio"/>	<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"/>	<input type="radio"/>
Members generally respond to ____ of the meeting initiations or questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Group Experience *

Mark only one oval per row.

	Strongly disagree	Disagree	Agree	Strongly agree
I wish I could have interacted with my group more frequently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I perform better on assignments and/or exams when I collaborate with group members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable asking questions in the group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with my role and contributions in this group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to work again with some or all of the people I met in my group, if possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other comments?

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

11. (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?

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

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

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

No study group

14. (Optional) Please let us know why you were not able to work with a study group this semester.

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