

Study Group Feedback

* Indicates required question

1. Email *

2. First Name *

3. Last Name *

4. SID *

5. 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 15*

6. 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 15*

Study Group Feedback

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

7. 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"/>

8. 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"/>

9. Group Experience *

Mark only one oval per row.

	Strongly disagree	Disagree	Agree	Strongly agree
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"/>

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

Mark only one oval.

1 2 3 4 5

Very ☐ ☐ ☐ ☐ ☐ Very positive

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?

14. For the purposes of improving future study groups for myself and others, I consent ^{*} 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 :)

No study group

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

16. For the purposes of improving future study groups for myself and others, I consent ^{*} to have my anonymized information and responses used. This will have no impact on your grade.

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Mark only one oval.

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

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