End-of-Course Survey

*This is an anonymous survey. There’s no need to add your name (unless you want to).*

*N.B. This final survey asks for your opinion of the entire course, not just today’s class.*

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| Today’s Date: |  |

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| The Instructor… | (5 = yes/agree) |  |
| …was prepared and organized. | 1 2 3 4 5 | N/A |
| …made effective use of class time. | 1 2 3 4 5 | N/A |
| …explained concepts clearly. | 1 2 3 4 5 | N/A |
| …answered questions helpfully. | 1 2 3 4 5 | N/A |
| The course… |  |  |
| …had clearly-stated learning goals. | 1 2 3 4 5 | N/A |
| …was exciting and engaging. | 1 2 3 4 5 | N/A |
| …challenged me intellectually. | 1 2 3 4 5 | N/A |
| …increased my knowledge of the subject. | 1 2 3 4 5 | N/A |
| …provided resources so that I can continue my studies. | 1 2 3 4 5 | N/A |
| General |  |  |
| What was your favorite thing about the past week? |  |  |
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| ­­­ |  |  |
| What was your least favorite thing about the past week? |  |  |
| If you were teaching this course, what would you do differently in the future? |  |  |
| Would you recommend this course to someone else? Why or why not? |  |  |
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