

Six Week Student Feedback Survey
Department of Mathematics

Course number and section: _____ Instructor: _____

Please answer the following questions. The results of the survey will be shared with the instructor, and he or she will take the results into consideration. The results of Part I will also be shared with the Chair of the Department of Mathematics.

Part I:

- | | | |
|--|------------|-----------|
| 1. In a typical week, how many hours outside of class are you devoting to this course? | | |
| | YES | NO |
| 2. Is the teaching-learning atmosphere in the classroom helpful to you? | ___ | ___ |
| 3. Do you understand the material in the course? | ___ | ___ |
| 4. Are you regularly learning new skills and/or concepts in this course? | ___ | ___ |
| 5. Does the instructor provide regular opportunities to ask questions in class? | ___ | ___ |
| 6. Does the instructor meet with the class for the scheduled length of time? | ___ | ___ |
| 7. Are you satisfied with the availability of the instructor outside of class time? | ___ | ___ |
| 8. Does the instructor have command of the subject matter? | ___ | ___ |
| 9. If there is any information you wish to provide about your answers to the above questions or about the performance of the instructor, please write it here: | | |

Part II:

A. What helps your learning in this course?

B. What hinders your learning in this course?

C. What technological tools or software do you use in this class?