

Student Expectation Survey

Name _____

Mailing Address _____

Phone Numbers (Day) _____ Evening _____

As adults, you probably are aware of your educational goals and your life goals. It is my goal to make this course an effective learning experience that helps you further your goals. In filling out this questionnaire, you are helping me to fine tune the objectives and course material to better fit your needs.

1. Are the course objectives the same as your objectives for this course? What would you add or change? Do you believe this course will fit into your educational and life goals? Why or why not? What would you change if you could?

2. Was the syllabus complete and clear? What questions do you have about the syllabus, the course material, or what is expected of you?

3. Do you feel the workload is reasonable, too much, or not enough? Are the assignments clear? Are the due dates of assignments and tests clear? If not, what do you suggest for more clarity?

4. Is it clear how you will be evaluated? If not, what would help to clarify this?

5. Was the instructor enthusiastic about the material? Did the instructor treat you respectfully? Was the instructor's name clear to you? Is it clear to you how to reach the instructor?

6. Do you want to come back to the class? Why or why not?

7. What is your background in the material that will be covered in this course?

8. What are your expectations for this course?
