**End-of-Course Student Feedback Survey Summary**

OT

Instructor:

Fall/Spring Term

Strongly Disagree(-)=1, Disagree=2, Neutral=3 Agree=5, Strongly Agree (+)= 5

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| --- | --- | --- |
| **Questions** | Number of Students | Average |
| 1. The assigned readings contributed to my understanding of the material. |  | /5 |
| 2. The graded assignments included feedback. |  | /5 |
| 3. There was a clear connection between the learning activities and the course objectives. |  | /5 |
| 4. The course syllabus was well-organized. |  | /5 |
| 5. The learning activities contributed to my understanding of the material. |  | /5 |
| **Course Average** |  | /5 |
| 6. The instructor presented material effectively. |  | /5 |
| 7. The instructor demonstrated knowledge of subject material. |  | /5 |
| 8. The instructor encouraged class participation. |  | /5 |
| 9. The instructor made use of relevant examples. |  | /5 |
| 10. Requirements for the assignments in this class were clearly defined by the instructor. |  | /5 |
| **Teaching Average** |  | /5 |
| **Overall Average** (Course and Teaching) |  | /5 |

What knowledge or skills have you gained so far from taking this course?

What do you feel has been most helpful to your learning in this course so far and

why?

What suggestions do you have for the course? Please keep all comments

constructive and professional.