

Learning in Retirement Institute STUDY GROUP EVALUATION FORM

Your feedback is important to us! Please give us your opinion on the study group in which you have just participated. You may return completed forms to your Study Group Assistant, or mail it directly to Senior Programs. The study group's compiled responses only are shared with the Study Group Leader.

Instructor: _____ **Date:** _____

Study Group Title: _____

What is your overall evaluation of the course? Excellent Good Fair Poor

STUDY GROUP CONTENT

	Strongly <u>Agree</u>	Agree	Disagree	Strongly Disagree	Not Applicable
1. The academic level of this study group was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The pace seemed appropriate for the course content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The quality and quantity of handouts were satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Handouts and/or texts complemented the content of the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The course met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What percentage of the study group would you say was spent in:					
Group discussion —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What did you enjoy most about this study group? _____

8. Would you recommend that we repeat and/or extend this group? Both Repeat & Extend Repeat Extend Neither

* **repeat** = offer this same study group again in the future for others to enjoy

* **extend** = offer a sequel to this study group

- *Evaluation continues on reverse side* -

LIR STUDY GROUP EVALUATION FORM, continued

STUDY GROUP LEADER *(Instructor(s))*

	Strongly <u>Agree</u>	Agree	Disagree	Strongly Disagree	Not Applicable
1. Instructor(s) were/was knowledgeable about this subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor(s) encouraged students to participate in group discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Instructor(s) managed class discussions well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor(s) offered students an opportunity to study/research for class preparation and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. What were the leader's greatest strengths? _____ _____					
6. What areas could the leader improve in? _____ _____					
7. If applicable, which guest speaker(s) were outstanding? _____					
8. Which speaker(s) did not meet your expectations? _____					
9. What future Study Group topics would you be interested in? _____ _____					
10. Suggested Study Group Leader Name(s)? _____ _____					
11. Suggestions for improvement or comments for Curriculum Committee: _____ _____ _____					

Thank you for your feedback. Please return this form to your study group assistant.

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