MID-SEMESTER COURSE FEEDBACK

Name of Course:_____

1. Overall, what have you liked about the course (e.g., content, goals, readings, etc.)?
   _____
   _____
   _____
   _____ .

2. What do you like most about the time in class?
   _____
   _____
   _____
   _____ .

3. How do you feel about the difficulty level of the readings?
   _____
   _____
   _____
   _____ .

4. What questions or topics would you like covered by the end of the semester?
   _____
   _____
   _____
   _____ .

5. What suggestions do you have for the Instructor that would help improve your learning before the end of the semester?
   _____
   _____
   _____
   _____ .

6. What is something you could do as a student that would help improve your learning?
   _____
   _____
   _____
   _____ .

Thank you for your input.

MID-SEMESTER COURSE FEEDBACK

Name of Course:_____