

ITACP LEARNING GOALS QUESTIONNAIRE

Name of Instructor _____ Course _____ Date/Semester _____

How often do you attend class? rarely _____ somewhat _____ frequently _____ always _____

Approximate hours per week spent outside of class studying for this course: _____

1. What did you expect to be the goal of this class when you enrolled?

Was this expectation fulfilled?

COMMENTS:

2. What did your teacher tell you was the goal of this class?

Do you think the instructor fulfilled them for the class?

COMMENTS:

3. What do you now see as the goal of this class?

How can this expectation be fulfilled?

COMMENTS:

4. What would you like to see as the goal of this class?

COMMENTS:

(Use the other side of this sheet to tell us what you like about class and what you wish could be changed.)