

Professionals Offering Departmental Study Sessions

Student Participation, Fall 2007

To be completed by all Students participating in PODS
(Please Print Legibly)

Date: _____

Name: _____

Subject/Classes worked on while in PODS:

SSN (Minimum Last Four) _____

Time In: _____ Time Out: _____

Campus: Athens Kaufman Palestine Terrell

Please take a moment to complete this section. The information you provide will help us share better services to you and other students.

Strongly Agree *Agree* *Do Not Agree or Disagree* *Disagree* *Strongly Disagree*

1. This session helped me to learn.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. I would recommend this to others.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. I will participate in future PODS.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. I found a new way to learn this subject.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Questions 5, 6, and 7 check all that apply.

5. Select the experience that helped you to learn the most during this session:

Group Discussion Additional Lecture Opportunity to Review Material

Other _____

6. Where did you learn about PODS?

Instructor Classmates Newspaper Posters on Campus

Other _____

7. How do you suggest we improve these study sessions?

Create More PODS Cover More Subjects Longer Sessions No Change

Other _____

Thank you for taking the time to provide this information!

For Faculty Use Only

Faculty Name: _____
(Please Print)

Signature: _____