

Student Learning Outcome Assessment Questionnaire for Autumn Semester 2014 Courses

Please fill in the following:

Instructor's Name	
Name of the Course	
Your Student Number	

The purpose of this questionnaire is to improve course quality. Please circle the answer that best matches your viewpoint. Your answers will have no bearing on your final grade for this course.

Please answer the questions below as honestly as you can.

Question 1. Your attendance history

How many times did you attend this course?

- (5) More than 12 (4) 9-11 (3) 6-8 (2) 3-5 (1) 0-2

5	4	3	2	1
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Question 2-a. Utilization of the course syllabus

Did you read the course syllabus when deciding to take this course?

- (1) Yes, I read the syllabus. (2) No, I did not read the syllabus.

1	0
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Question 2-b. For those who answered '1=yes' for the above Question 2-a:

How important was the syllabus in helping you choose this course?

- (5) Very important (4) Important (3) Moderately important
(2) Of little importance (1) Unimportant

5	4	3	2	1
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For questions 3-11, circle the answer that best matches your viewpoint.

- (5) Strongly Agree (4) Agree (3) Neither Agree nor Disagree (2) Disagree (1) Strongly Disagree

[Institution/Faculty-specific questions]

Question 3.

I found it interesting to learn more about the subject in this course.

5	4	3	2	1
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Question 4.

I was able to improve my knowledge and skills as the result of learning in this course.

5	4	3	2	1
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Question 5.

Overall I am satisfied with this course.

5	4	3	2	1
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Question 6.

What was your most important reason for taking this course?

- (5) The Course Content (4) The Class Day/Time (3) Recommended by others
(2) The Instructor (1) Other reasons.

5	4	3	2	1
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Question 7.

I took enough time to do my assignments, prepare for classes, and review the course content.

5	4	3	2	1
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Question 8.

I was able to deepen my understanding of other fields of study by taking this course.

5	4	3	2	1
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[Questions Specified by the Instructor]

Question 9.

5	4	3	2	1
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Question 10.

5	4	3	2	1
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Question 11.

5	4	3	2	1
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