

ILEAD

Study Group Evaluation Form

This evaluation form is critical to the continued excellence of ILEAD. Please complete and return it to either your class representative or the ILEAD office **within a week of the course's completion.**

Study Group _____ **Leader** _____

1. How many classes did you attend? Circle one: 1 2 3 4 5 6 7 8

2. Please circle the number that best describes your rating of each of the following qualities:

	NEGATIVE	AVERAGE	POSITIVE		
Class met my expectations	1	2	3	4	5
Study Leader was well-informed	1	2	3	4	5
Study Leader was organized	1	2	3	4	5
Readings/videos/handouts/study guide were appropriate in length and understanding	1	2	3	4	5
Leader encouraged group participation and facilitated focused discussion (if appropriate to course)	1	2	3	4	5

3. What aspects of the course did you find effective? _____

4. What aspects do you believe were not effective? _____

5. Do you have other comments for the Study Leader or the Curriculum Committee? (Further comments can go on the back.) _____

6. Is there someone, including yourself, whom you would propose as a Study Leader?

Name: _____ Topic _____ Phone _____

Name: _____ Topic _____ Phone _____

7. Course(s): _____

(3/06)