



Faculty Feedback

Date: _____
Institution/School: _____
Faculty Name: _____ Phone: _____
Course: _____
Community Site/ Agency Provider: _____

1a. Have you used experiential learning/service-learning in a course before?

1__ Yes 0__ No

1b. If yes, was it at:

1__ The same agency or site as this experience

2__ Other agencies or sites

2. What is the history of your relationship with the community individual or agency that as part of this experience?

1__ First experience with this individual or agency

2__ Have worked with individual or agency once before

3__ Have worked with individual or agency more than once

3. How difficult was it to coordinate this experience with the community individual or agency?

1__ Very difficult 2__ Somewhat difficult 3__ Not difficult

4. Compared to usual methods, how would you rate the difficulty of the preparation for this experience?

1__ Very much more difficult

2__ Somewhat more difficult

3__ Neither more difficult or easier

4__ Somewhat easier

5__ Very much easier

5. Compared to usual methods, how much do you think your students learned from this experience?

1__ Not as much as from the usual methods

2__ About the same amount

3__ More than from the usual methods

6. Orientating to the community experience is an important component of service earning. Please rate your students' orientation to this experience.

1__ Poor 2__ Adequate 3__ Excellent 4__ N/A

7. How much do you think reflecting on the experience enhanced the student's learning?

1__ Not at all 2__ Somewhat 3__ A great deal 4__ N/A

8. Do you feel you received adequate support from the Center for Healthy Communities?

1__ Yes 0__ No

9. Would you choose to do a similar experience again?

1__ Yes 0__ No

Comments:

