

MIAMI DADE COLLEGE
STUDENT FEEDBACK IDENTIFICATION FORM

VERY IMPORTANT: Please provide all the information requested on the form.

TAPE THIS FORM SECURELY TO THE FRONT OF CLASP ENVELOPE

SECTION A:

INSTRUCTOR NAME: _____

DIVISION/SCHOOL: _____

If NWSA: UF Course High School Course
 MDC (N2) course High School Dual Enrollment (N1) course

Information Classification Structure (ICS) #: _____ **CAMPUS:** _____

YEAR-TERM*: _____

If Summer Term indicate: (12 weeks) (1ST 6 weeks) (2ND 6 weeks)

Class follows a traditional 16-week academic calendar: YES NO

If no, please indicate (12 weeks) (1ST 8 weeks) (2ND 8 weeks)

Include class dates ____/____/____ - ____/____/____

SECTION B: Type of Survey

Please check the type of Survey used and if your class is a Team Taught Class, a Stacked Class, or a Cross Term Class.

Classroom Student Feedback Survey Student Feedback Survey for Alternative Learning Courses

Team Taught Class **Stacked Class** (use one form for each reference number)

Cross-Term Class (include end date ____/____/____)

Faculty Librarian Student Feedback Survey (indicate below)

Type of service: Library Instruction Reference Desk

SECTION C:

Complete if using Classroom Student Feedback Survey or Student Feedback Survey for Alternative Learning Courses.

Course Abbreviation and Number: _____ **# of Student Response Forms:** _____

Course name: _____

CLASS. #: _____ **DAYS:** _____ **HOURS:** _____

SECTION D: (Must be completed by student)

NUMBER OF STUDENT RESPONSE FORMS COLLECTED: _____

STUDENT NAME (PRINT): _____

STUDENT SIGNATURE: _____ **DATE:** _____