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.

# of Student Response

Course Abbreviation and Number: ___________________________ 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: ____________________