

**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

**QUAL #:** \_\_\_\_\_                      **CAMPUS:** \_\_\_\_\_                      **YEAR-TERM\*:** \_\_\_\_\_

**If Summer Term indicate:**     (12 weeks)             (1<sup>ST</sup> 6 weeks)     (2<sup>ND</sup> 6 weeks)

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

(if NO, include class dates \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

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**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

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**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:** \_\_\_\_\_

**REF. #:** \_\_\_\_\_                      **DAYS:** \_\_\_\_\_                      **HOURS:** \_\_\_\_\_

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**SECTION D: (Must be completed by student)**

**NUMBER OF STUDENT RESPONSE FORMS COLLECTED:** \_\_\_\_\_

**STUDENT NAME (PRINT):** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_                      **DATE:** \_\_\_\_\_