

**STUDENT FEEDBACK**  
(Lesson Observation Survey - Academic Year 2012/13)



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The College is committed to constantly making its services better and the answers you give to these questions will be taken very seriously. Please note that no-one in the College will know who you are. Thank you.

Course: ( Course title printed here by QDP )

Tutor: ( Tutor title printed here by QDP )

Please place **ONE** cross in the box (using black/blue ink), e.g.  , next to the number which best describes how much you agree with each of the following statements below:

1  - Agree Completely; 2  - Agree Mostly; 3  - Disagree Mostly; 4  - Disagree Completely; 5  - Not Applicable (N/A)

| Office Use Only | <u>Teaching and Learning</u> |   | ☺<br>Agree Completely      | →                          | ☹<br>Disagree Completely   | N/A                        |                            |
|-----------------|------------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (51)            | 1                            | The teacher starts the lessons on time  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
|                 | 2                            | The teacher finishes the lessons on time  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
|                 | 3                            | Lesson time is not wasted   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
|                 | 4                            | The teacher knows my name   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (74)            | 5                            | The teacher treats me with respect  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (75)            | 6                            | The teacher treats us all fairly and equally  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (73)            | 7                            | The teacher is approachable   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (36)            | 8                            | The teacher knows their subject well  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (37)            | 9                            | The teacher use different ways to help me learn   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (35)            | 10                           | The teacher explains things well  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (54)            | 11                           | The teacher makes lessons interesting   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (294)           | 12                           | Teaching and learning resources are good  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (163)           | 13                           | I feel safe in class  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
|                 | 14                           | The teacher creates a good atmosphere in the classroom where everyone feels comfortable and can learn | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (88)            | 15                           | The teacher marks my work within a reasonable time  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (91)            | 16                           | The feedback I get tells me what I am doing well and where I need to improve                          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (89)            | 17                           | The teacher talks about passes and failures with me   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
|                 | 18                           | The teacher makes sure we learn something new in every lesson   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

*(please continue over the page)*

**About Yourself** (Please place ONE cross in appropriate box)

We ask these questions for no other reason than to establish whether the College is serving the needs and is representative of our community as a whole.

(188) **Gender:** Male <sup>1</sup> Female <sup>2</sup> Prefer not to answer <sup>3</sup>

(424) **Gender Reassignment:** Have you or do you plan to change gender?  
Yes <sup>1</sup> No <sup>2</sup>

(425) **Sexual Orientation:**  
Heterosexual or Straight <sup>1</sup> Gay or Lesbian <sup>2</sup>  
Bisexual <sup>3</sup> Prefer not to answer <sup>4</sup>

(187) **Age:** (School Students) 14 - 16 <sup>1</sup> 16 - 19 <sup>2</sup> 20+ <sup>3</sup>

**(189) Ethnicity (Census 2011)**

Prefer not to answer <sup>1</sup> Arab <sup>2</sup>  
Asian/Asian British - Bangladeshi <sup>3</sup> Asian/Asian British - Indian <sup>4</sup>  
Asian/Asian British - Pakistani <sup>5</sup> Asian/Asian British - Any other Asian background <sup>6</sup>  
Black/African/Caribbean/Black British - African <sup>7</sup> Black/African/Caribbean/Black British - Caribbean <sup>8</sup>  
Black/African/Caribbean/Black British - Any other background <sup>9</sup> Chinese <sup>10</sup>  
Mixed - White & Asian <sup>11</sup> Mixed - White & Black African <sup>12</sup>  
Mixed - White & Black Caribbean <sup>13</sup> Mixed - Any other Mixed/Multi Ethnic background <sup>14</sup>  
White - English/Welsh/Scottish/Northern Irish/British <sup>15</sup> White - Gypsy or Irish Traveller <sup>16</sup>  
White - Irish <sup>17</sup> White - Any other White background <sup>18</sup>  
Any other Ethnic group <sup>19</sup>

(202) **Do you have a Learning Difficulty?** Yes <sup>1</sup> No <sup>2</sup>

(203) **Do you have a Disability?** Yes <sup>1</sup> No <sup>2</sup>

(please continue over the page)

**About Yourself (contd)**

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**(426) Religion or Belief:**

|                      |                      |   |   |                      |   |
|----------------------|----------------------|---|---|----------------------|---|
| No Religion          | <input type="text"/> | 1 | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="text"/> | 2 |
| Buddhist             | <input type="text"/> | 3 | Hindu   | <input type="text"/> | 4 |
| Jewish               | <input type="text"/> | 5 | Muslim  | <input type="text"/> | 6 |
| Sikh                 | <input type="text"/> | 7 | Any Other Religion  | <input type="text"/> | 8 |
| Prefer Not to Answer | <input type="text"/> | 9 |   |                      |   |

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**Comments**

Is there anything else you'd like to say? Please use this space below for any additional comments

**Thank you for completing this survey**