



Supplemental Instruction Survey

Name: _____

Course: _____ Term: _____

Weekly Supplemental Instruction sessions will be offered for students enrolled in this course. This questionnaire will determine the most convenient times to schedule these sessions. Responses will be kept confidential, will not be released to the course instructor, and will in no way be used to influence your grade for this course.

Please complete this survey even if you are not planning to attend the SI sessions. Thank you.

1. How likely is it that you will attend SI sessions for this course?

Very likely Likely Neutral Not likely Very unlikely

2. Check one or more of the following reasons you are taking this course:

This course is required for my major.

This course satisfies an elective.

I am interested in this subject matter.

I enrolled in this course because SI is attached to it.

Other _____

3. What grade do you **expect** to make in this course? A B C D F

4. What grade do you **want** to make in this course: A B C D F

The SI Leader will schedule two or three sessions per week. Please rank the following times in order of preference (1=first choice, 2=second choice, etc.)

Day	Time	Rank