

EXAMPLE INSTRUCTOR SURVEY

Introduction

1. As part of our process of continuous improvement, the [Program Name] program at the University of Guelph, is gathering feedback on your experiences as an Instructor in the [Program Name] program.

We value your honest and detailed responses.

This questionnaire should take approximately 10 minutes to complete. **Your responses will be anonymized before results are compiled as part of the Cyclical Review Process.**

Note: Depending on the administration of the survey, anonymity may not be possible. In this case an alternate statement describing how identifying information will be removed before the data is shared may be more appropriate. Be aware of your audience and the ways in which power differentials may affect responses.

Please select your response by clicking on the appropriate choice.

Open boxes are available for some questions for you to enter your own descriptive answer.

Demographics

2. Please indicate the program year(s) in which you usually teach.

First Year

Second Year

Third Year

Fourth Year

Graduate Courses

3. How many years have you taught in the [Program Name] program at the University of Guelph?

- 1 – 2
 - 3 – 5
 - 6 – 10
 - Over 10
-

4. How many **different courses** have you taught in the [Program Name] program in the last 5 years?

- 1-3
 - 4-6
 - 7-10
 - Over 10
-

Achievement of Program Learning Outcomes

5. Based on your teaching experiences in the [Program Name] program, **to what extent does the program help [Program Name] students develop the ability to do the following:**

	Not at all	Very little	Somewhat	Moderately	Greatly	Not applicable, or unsure
Program Learning Outcome 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Learning Outcome 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How satisfied or dissatisfied are you with the overall quality of student work (tests, essays, exams, presentations, etc.) in the [Program Name] program?

[This question can also be separated into a matrix table to allow comment on specific assessments or assessment types]

- Very Dissatisfied
- Dissatisfied
- Somewhat Dissatisfied
- Neutral
- Somewhat Satisfied
- Satisfied
- Very Satisfied

Program Experiences and Evaluation

7. Please describe what you think is the main **strength** of the [Program Name] program:

8. Please describe what you think is the main **weakness** of the [Program Name] program:

9. Please indicate the degree to which you agree or disagree with the statement:

"What students learn in the [Program Name] program prepares them for their professional or academic career post-graduation."

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Agree
- Strongly Agree

10. What area or topic within the [Program Name] program do you feel is not adequately covered by the program or should be added to the program?

11. If the [Program Name] program were to make one change to improve the program, what one change would you recommend?

12. What additional supports or resources would help you excel in your role(s) as an instructor, advisor and mentor?

13. Please provide any further comments about the [Program Name] program that you feel may benefit this improvement process:

Thank You

14. Thank you for taking the time to complete this survey. We value your contribution to the improvement of the [Program Name] program.

If you have any further questions regarding this survey, please contact:

[Program Chair]
Department Chair and Professor
Department of [Program Name]
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