

## End of Module Questionnaire

This questionnaire will allow you to describe, in a systematic way, your reactions to this module and how you have gone about learning the subject. Please respond truthfully, so that your answers will describe your actual ways of studying, and work your way through the questionnaire quite quickly. It is important to respond to every item. Your answers will be confidential and the results will help us in reviewing the module and provide valuable input to future course design.

**Module/Course title:** \_\_\_\_\_

Think about your experience of this particular module and answer the following questions as honestly as you can, indicating how strongly you agree with each of the statements.

**The responses in this section mean:**

✓ = agree ✓? = agree somewhat ?? = unsure/not applicable x? = disagree somewhat X = disagree

- |  | ✓                        | ✓?                       | ??                       | x?                       | X                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The expected outcomes of the module were clear to me.   | <input type="checkbox"/> |
| 2. The module was well organized.  | <input type="checkbox"/> |
| 3. I had access to sufficient materials to support my learning (handouts, library, Blackboard).  | <input type="checkbox"/> |
| 4. I received feedback on my performance to help me improve my learning.   | <input type="checkbox"/> |
| 5. The lectures were well prepared and easy to follow.   | <input type="checkbox"/> |
| 6. The teaching staff were patient in explaining difficult concepts and topics.  | <input type="checkbox"/> |
| 7. The teaching staff were approachable.   | <input type="checkbox"/> |
| 8. The coursework, assessment and learning activities matched the learning outcomes set out by the staff.  | <input type="checkbox"/> |
| 9. How difficult (overall) did you find this module?<br>easy <input type="checkbox"/> fairly easy <input type="checkbox"/> fairly difficult <input type="checkbox"/> difficult <input type="checkbox"/>  |                          |                          |                          |                          |                          |
| 10. How actively did you participate in the various aspects of this module (for example attending lectures, seminars, self study, etc.)?<br>a lot <input type="checkbox"/> quite a lot <input type="checkbox"/> not much <input type="checkbox"/> very little <input type="checkbox"/> |                          |                          |                          |                          |                          |
| 11. What did you like about this module?   |                          |                          |                          |                          |                          |

12. What suggestions can you offer that would help make this module a more valuable learning experience for you?