

Classroom Feedback Survey

Brock University Classroom Survey

When complete, please save and send this survey to cpi@brocku.ca.

Thank you for your feedback.

1. Please tell us your role at Brock University

2. Which Classroom are you providing feedback on?

3. Have you previously completed this survey for this classroom?

4. Based on your overall experiences this semester - How satisfied are you with this classroom in general?

5. Please share any additional feedback you may have about the room, condition, comfort levels, accessibility, or arrangement below

6. What was your main purpose for visiting/using this room? If it is for teaching, please record the course you are instructing in this space.

7. Accessibility Features - How well does the classroom built environment support accessibility or accommodation needs?

8. If applicable, please comment on the accessibility strengths and areas for improvement in this space

9. Please rate your overall level of satisfaction with the classroom - Air circulation and temperature

10. Please rate your overall level of satisfaction with the classroom - Classroom signage and wayfinding

11. Please rate your overall level of satisfaction with the classroom - Cleanliness and maintenance

12. Please rate your overall level of satisfaction with the classroom - Lighting

13. Please rate your overall level of satisfaction with the classroom - Availability of power outlets

14. Please rate your overall level of satisfaction with the classroom - Presentation technology (projectors, screens)

15. Please rate your overall level of satisfaction with the classroom - Audio amplification technology (podium or wireless microphones)

16. Please rate your overall level of satisfaction with the classroom - Comfort of chairs

17. Please rate your overall level of satisfaction with the classroom - Classroom writing surfaces (whiteboards, blackboards)

18. Please rate your overall level of satisfaction with the classroom - Sound proofing

19. Please rate your overall level of satisfaction with the classroom - Student desk space

20. Please rate your overall level of satisfaction with the classroom - Supplies (Markers, chalk, erasers, slide advance remote)

21. Please rate your overall level of satisfaction with the classroom - Configurability and/or flexibility of seating

22. Please consider the following statements and rate your experience and indicate on a scale of 1 to 5, with 1 being negative and 5 positive - I can hear all the students clearly

23. Please consider the following statements and rate your experience and indicate on a scale of 1 to 5, with 1 being negative and 5 positive - I can see all the students

24. Please consider the following statements and rate your experience and indicate on a scale of 1 to 5, with 1 being negative and 5 positive - The students can hear me

25. How well does this teaching space configuration align with your chosen teaching method(s)?

26. Please share any additional feedback you may have about the room, condition, comfort levels, technology, accessibility, or arrangement below

27. Please enter your Brock email address to be entered into a draw for a prize. If you choose not to enter your email, your answers will remain anonymous.