

# Learning Circle Feedback

We're glad you participated in a Learning Circle! Responses to this survey will be shared with both your facilitator and Peer 2 Peer University. Your feedback supports us improving the Learning Circle experience for learners and facilitators in the future. Thanks!

## 1. What was the online course you worked through?

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## 2. Where did your learning circle group meet?

e.g. "Edgewater branch of Chicago Public Library" or "Chris's house in Wellington, NZ"

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## 3. How did you hear about this Learning Circle?

*Check all that apply.*

- A flyer/poster
- Social media
- Word of mouth
- P2PU website
- Other: .....

## 4. Have you taken an online course before?

*Mark only one box.*

- Yes, in a subject related to this Learning Circle
- Yes, but in a different subject
- No, but I knew that free, online courses existed
- No, and I didn't know that free online courses existed

## 5. What is the primary reason you signed up for the Learning Circle?

*Mark only one box.*

- To increase my employability
- Professional development
- To accompany traditional higher education
- Personal interest in subject matter
- For social reasons
- Other: .....

## 6. Are you currently working and/or studying?

*Mark only one box.*

- Working full time
- Working part time (but want full time work)
- Working part time (and don't want full time work)
- Unemployed
- Full-time student
- Part-time student (and also working)
- Part-time student (and not also working)
- Other: .....

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**7. Which best describes you?**

*Mark only one box.*

- I signed up, but never attended.
- I attended a few, but didn't stick with it.
- I was a regular Learning Circle attendee, but never got a certificate.
- I received a certificate.

**8. Aside from the online course platform, what online/mobile tools did you use during the Learning Circle?**

*Check all that apply.*

- Text messages
- Email
- Google calendar
- Google docs
- Dropbox
- Facebook
- Other: .....

**9. Did you do course work for the Learning Circle outside of the weekly meeting?**

*Mark only one box.*

- No
- Yes, less than 2 additional hours/week
- Yes, more than 2 additional hours/week

**10. Did you get through the entire online course during the Learning Circle?**

*Mark only one box.*

- Yes
- No, and I will finish on my own
- No, and I will not continue

**11. What is the best thing about participating in your Learning Circle?**

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**12. What is the biggest frustration about participating in your Learning Circle?**

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# Learning Circle Feedback

**13. What is a tip you'd give to future Learning Circle attendees?**

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**14. How much do you agree with the following statements about your Learning Circle?** *Mark only one box per row.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I set a clear goal for myself at the beginning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I achieved my goals during the Learning Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My peers supported me in achieving my goals/ finishing the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working hard had a positive impact on what I was able to achieve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I learned is valuable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd be interested in attending another Learning Circle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more capable of academic achievement than I did before the Learning Circle began.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Overall, how would you rate your experience in this Learning Circle?**

*Mark only one box.*

	1	2	3	4	5	6	7	8	9	10	
Extremely Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely Satisfied

# Learning Circle Feedback

**16. Is there anything else we can do to help improve your experience in Learning Circles?**

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**17. What is another subject you would like to take a Learning Circle in?**

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**18. Would you be interested in being a Learning Circle facilitator?**

*Mark only one box.*

- Yes
- Maybe in the future
- No

**19. Write your name if you give us permission to quote your responses in future P2PU materials.**

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**20. Write your email address if you'd like to be added to the P2PU mailing list.**

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