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?

__________________________________________________________________________

2. Where did your learning circle group meet?
e.g. “Edgewater branch of Chicago Public Library” or “Chris’s house in Wellington, NZ”

__________________________________________________________________________

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:
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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. What is the biggest frustration about participating in your Learning Circle?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
13. What is a tip you’d give to future Learning Circle attendees?

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

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

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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Extremely Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extremely Satisfied</th>
</tr>
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</tbody>
</table>
16. Is there anything else we can do to help improve your experience in Learning Circles?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

__________________________________________________________________________

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.

__________________________________________________________________________

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

__________________________________________________________________________