

**Learning Community Assessment Instrument (2000-2003)**

**Name of Learning Community:** \_\_\_\_\_

**Term:** \_\_\_\_\_

**Are you a registered member of the Learning Community?** \_\_\_\_\_

(Some students are in courses that are part of a Learning Community, but they didn't register for the Learning Community)

**Have you participated in a Learning Community before?** \_\_\_\_\_ **If so, how many?**  
\_\_\_\_\_

**Will you consider taking another Learning Community?** \_\_\_\_\_

Please rate each statement below according to the following scale:

**5 = Strongly agree**

**4 = Somewhat agree**

**3 = Don't agree or disagree**

**2 = Somewhat disagree**

**1 = Strongly disagree**

*Please circle one rating for each question:*

1. Your understanding of one class was aided by its link with another. **5 4 3 2 1**

2. This learning community helped you understand ways different disciplines examine similar problems or situations. **5 4 3 2 1**

3. This learning community material was relevant to personal and/or social issues. **5 4 3 2 1**

4. This learning community engaged diverse viewpoints. **5 4 3 2 1**

5. This learning community enabled you to make more significant contact and connections with other students in class creating more of a sense of community than your other classes.  
**5 4 3 2 1**

6. This learning community involved special activities in or out of class that enhanced your learning community experience. **5 4 3 2 1**

7. This learning community inspired and motivated you to learn. **5 4 3 2 1**

**Short answer questions:**

Would you recommend a learning community experience to others? \_\_\_\_\_ Why or why not?

What was your favorite aspect of this Learning Community?

## What can you recommend to your instructors to improve this learning community in the future?

Are there any Learning Communities that are not currently offered that you would like to see added to the schedule?

*Thank you for your assistance. Your feedback is used to make Learning Communities better.*

Please provide the following information about yourself.

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_

Do you attend Lane Full-Time (12+ Credits) \_\_\_\_\_ or Part-Time (less than 12 credits) \_\_\_\_\_

**1. In your experiences at Lane this fall, about how often have you done each of the following?** (circle the number to the right of each statement that best represents your experiences at Lane)

	Very often	Often	Some-times	Never
	4	3	2	1
a. Asked questions in class or contributed to class discussions	4	3	2	1
b. Used email to communicate with an instructor	4	3	2	1
c. Discussed grades or assignments with an instructor	4	3	2	1
d. Talked about career plans with an instructor or advisor	4	3	2	1
e. Received prompt feedback (written or oral) from instructors on your performance	4	3	2	1
f. Worked with other students on projects during class	4	3	2	1
g. Worked with classmates outside of class to prepare class assignments	4	3	2	1

	4	3	2	1
h. Came to class without completing readings or assignments				
i. Worked harder than you thought you could to meet an instructor's standards or expectations	4	3	2	1
j. Discussed ideas from your readings or classes with others outside of class (students, family members, co-workers, etc.)	4	3	2	1

**2. About how many hours do you spend in a typical 7-day week preparing for classes?** e.g. studying, reading, writing, rehearsing, doing homework, or other activities related to your program at Lane (*circle the number to the range of hours that best represents – on average -- your weekly preparation time*)

None than 30	1-5	6-10	11 – 20	21 – 30	More
-----------------	-----	------	---------	---------	------

**3. How often do you use the following services at Lane?** (*circle the number to the right of each statement that best represents your experiences at Lane*)

	Frequency of Use			
	Often	Sometimes	Rarely/ Never	Don't know/ N.A.
a. Peer or other tutoring	4	3	2	1
b. Academic advising/planning	4	3	2	1
c. Computer lab	4	3	2	1

**4. In your view, how much does Lane emphasize each of the following?** (*circle the number to the right of each statement that best represents your experiences at Lane*)

	Very much	Quite a bit	Some	Very little
a. Providing the support you need to help you succeed at Lane	4	3	2	1
b. Encouraging contact among students from different economic, social, and racial or ethnic backgrounds	4	3	2	1
c. Helping you cope with your non-academic responsibilities (work, family, etc.)	4	3	2	1

d. Encouraging you to spend significant amounts of time studying	4	3	2	1
e. Synthesizing and organizing ideas, information, or experiences in new ways	4	3	2	1
f. Applying theories or concepts to practical problems or in new situations	4	3	2	1

**5. Which classes from Fast Lane to Success were you enrolled in? (Circle all that apply)**

College Success      Effective Learning      Writing 95      Writing 115  
Writing 121

**6. Please explain what was most beneficial to you about your Fast Lane to Success class(es).**

**7. What would you recommend changing about any of your Fast Lane to Success classes to improve the class(es) for future students? (please be specific)**

**8. Would you recommend Fast Lane to Success to other new College students?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No  
Please explain your recommendation:

-  
-  
-

Thank you for completing this survey.