

Class Experience Reflection Questionnaire

General Information

Name (optional):

Course Title:

Date:

1. Overall Experience

How would you rate your experience in this class?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

(1 = Poor, 5 = Excellent)

2. Learning Reflection

What were the key things you learned in this class?

Which activity or topic did you find most valuable?

What did you find most challenging?

3. Participation & Engagement

How engaged did you feel during class?

Please describe your participation and interactions:

4. Feedback

What suggestions do you have for improving this class?

Additional comments: