

Student Distance Learning Evaluation

OSU CARES/OSU Learning Centers/
OSU Extension



Learning
Centers

PROGRAM TITLE: _____
DATE of PROGRAM: _____

1. How many times have you taken a course using interactive video?

- This was the first time 4-5 times
 2-3 times More than 5 times

2. What was important to you when you selected this course? (Check all that apply)

- Course content Convenience (Saved drive time, close to home, easy parking, etc.)
 Tuition waiver Required for degree/employment program
 Cost savings Other _____

3. What did you like about the course? (Check all that apply)

- Instructor Convenience
 Location Distance Learning Technology
 Other _____

4. What did you dislike about the course? Please explain:

5. Regarding the technology of video conferencing, please rate each of the following, using a scale of 1 being the lowest to 5 being the highest (please circle one):

	low				high
How would you rate the quality of the video?	1	2	3	4	5
How would your rate the quality of the sound?	1	2	3	4	5
How would you rate this technology as a tool for learning?	1	2	3	4	5

6. Was the registration process clear to you?

- Yes
 No. If no, what was not clear? _____

7. Where did you hear about this course?

- At work OSU Course Catalog
 Learning Center Website OSU All-Extension E-mail
 Other _____

8. Would you take a Distance Learning course again?

- Yes
 No. If no, why not? _____

9. What other courses would you like to see offered via Distance Learning?

10. Other comments? Use reverse side if necessary.

Please return this form to:

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Columbus, OH 43210
FAX : 614-688-3533 E-MAIL: osucare@osu.edu

**Thank you for responding;
we appreciate your opinion.**

Please call 614-688-4486 with any questions.