Adventures in Learning
at Colby-Sawyer College

Study Group Leader Self Evaluation Form

Please use this form to share your reflections, comments and suggestions based on your experience in leading your course this term. Your responses and those of other course leaders will benefit future instructors and course improvement. Please complete and return the form to the Adventures in Learning Office. Thank you.

Course Name: ___________________________ Term: _____ Yr. ____ Leader: ______________________

1. What did you find most personally rewarding about the course?
   __________________________________________________
   __________________________________________________

2. Would you lead this course again? If not, why not?
   __________________________________________________
   __________________________________________________

3. What changes would you make if you were to lead the course again?
   __________________________________________________
   __________________________________________________

4. Would you like to lead a different course in the future? If so, on what topic?
   __________________________________________________
   __________________________________________________

5. Who in your class is a potential study group leader? Please list names(s) and contact information if available.
   Name of potential study leader ___________________________ Phone number: ________________

6. Can you recommend any other potential study leaders? Please list names(s) and contact information if available.
   Name of potential study leader ___________________________ Phone number: ________________

7. How could the Adventures in Learning staff support you better?
   __________________________________________________
   __________________________________________________
   __________________________________________________

8. Any other thoughts or recommendations?
   __________________________________________________

7/14/2010