Appendix S: Faculty/Instructor Feedback

DO-IT Scholar Summer Study Faculty/Instructor Feedback Form

1. Please select those items that reflect your presentation format:

   _____One-time only lecture

   _____One-time only lab

   _____Multiple-day lab

   _____Multiple-day project

   _____Multiple-day lecture

   _____Other; please describe: _____

2. Which, if any, of the following training options did you use to prepare your presentation for students with disabilities?

   _____DO-IT handout(s)

   _____DO-IT video(s)

   _____Meeting/presentation by DO-IT staff

   _____Conversation with DO-IT staff

   _____Other; please explain: _____

3. Have you given a similar presentation or lab to students without disabilities?

   _____Yes   _____No

   If yes, please describe any differences in your experiences delivering the presentation to each group.

4. Using a rating scale from 1 to 5 where 1 means "poor" and 5 means "excellent," how well did the DO-IT participants perform, as a whole, in your activity?

    Comments:

5. Was there any disability group that had particular difficulty in successfully completing your activity?   ___ Yes   ___ No

    If yes, which one(s) and why?

6. Did you feel adequately prepared to deal with the variety of disabilities of the DO-IT summer program participants?   ___ Yes   ___ No

    If no, what would have helped?

7. What suggestions, if any, would you give to future instructors for the DO-IT summer program?

8. Would you like to participate in the DO-IT summer program next year?
    ___ Yes   ___ No

Please use the space below to suggest topics and presenters to include in future DO-IT summer programs and suggest ways to improve the program overall.

Thank you for your participation.