

# Faculty Feedback Project Proposal Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Program: \_\_\_\_\_

The desired outcomes of a Faculty Feedback Project are to ...

- improve student learning,
- enhance teaching, and
- build a sense of campus community.

## In what area would you like feedback?

- |  |  |
|--|--|
| <input type="checkbox"/> Presentation Style        | <input type="checkbox"/> The Course as a Whole                           |
| <input type="checkbox"/> Testing and/or Evaluation | <input type="checkbox"/> Course Content                                  |
| <input type="checkbox"/> Small Group Work          | <input type="checkbox"/> Course Materials (syllabi, textbooks, handouts) |
| <input type="checkbox"/> Other (Please specify):   |  |

**Specifically, in relation to the above topic(s), what type of feedback are you interested in acquiring?**

**List and/or describe the activities planned for acquiring the above feedback during the semester.** (Please note that feedback must be obtained throughout the semester as well as at the end.):

**At the end of the semester, how will you assess the impact of any changes you have implemented (or intend to implement) as a result of your initial findings?**

**What resources will you need to support your Faculty Feedback Project? (Please note that if you need support/resources beyond the CTE, you will need to speak to your Dept. Chair before beginning your project.)**

**Name(s) of colleague(s), team, or group who you will share the results of your feedback project with:** (Please note that faculty are encouraged to share the results of the projects with their programs and/or departments.)

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**Important Dates**

**Approximately when will you initiate your feedback project? \_\_\_\_\_**

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**Approximate date(s) when feedback will be shared: \_\_\_\_\_**

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