

Instructional Skills Workshop
April 27, 28, & 29, 2011 –or– May 2, 3, & 4, 2011

➤ **SURVEY** Please complete this survey. The information will assist the facilitators in planning the workshop.

Last name: _____ First name: _____

SFU Department: _____

Gender: Female Male

Course(s) you are currently teaching: _____

1) Length of your teaching experience: _____ years -or- _____ semesters

2) Other teaching workshops or courses you have taken: _____

3 a) Types of teaching experience – please circle all that apply and record what percentage of your experience was primarily of that type:

Teaching Method	Percentage
▪ lectures	_____
▪ discussion tutorials	_____
▪ study tutorial	_____
▪ science labs	_____
▪ math/computer labs	_____
▪ other: _____	_____

3 b) Of the six types of teaching noted above, which area is of greatest interest to or concern for you?

i _____

Please rank order the remaining teaching methods:

ii _____

iii _____

iv _____

v _____

vi _____

4. What do you hope to gain from the Instructional Skills Workshop?
