

Survey for Canvas Groups
Delayed

Facilitator: KM Smith, PhD

1. Name (Optional) Click or tap here to enter text.
2. Session Date/time Click or tap here to enter text.
3. Faculty level at the time of training session Part Time Full Time Adjunct
4. Identify the department where you usually instruct?
 - Acupuncture and Oriental Medicine
 - Applied Philosophy and Practices
 - Health Philosophy and Promotion
 - Integrative Health Sciences
 - Integrative Health Management
 - Herbal Medicine
 - Naturopathic Medicine
 - Nutrition and Integrative Health
5. The number of times you have used Groups in your course since the training session:
 - 1
 - 2
 - 3
 - 4
 - >4
6. Do you feel this course provided all the information needed to be able to integrate Groups successfully¹?
 - Strongly Agree
 - Somewhat Agree
 - Neither Agree nor Disagree
 - Somewhat Disagree
 - Strongly Disagree
7. Looking back on the training, what content do you remember most²? Click or tap here to enter text.
8. I have successfully applied what I learned in training to my courses³.
 - Strongly Agree
 - Somewhat Agree
 - Neither Agree nor Disagree
 - Somewhat Disagree
 - Strongly Disagree
9. Using this rating scale, circle the rating that best describes your current level of on-the-job application for each listed behavior.

¹ KirkPatrick Level 1 - Reaction

² KirkPatrick Level 2 - Learning

³ KirkPatrick Level 3 - Behavior

- 1 - Little or no application
- 2 - Mild degree of application
- 3 - Moderate degree of application
- 4 - Strong degree of application
- 5 - Very strong degree of application, and desire to help others do the same

10. <i>Create Groups using Canvas</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. <i>Facilitate student-run study groups within a course</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. <i>Assign grades based on individual and collaborative contributions</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13. When did you last apply what you learned in the session to your course?

- Within a week
- Within 2-4 weeks
- Within 5-12 weeks
- I have not applied it, but plan to in the future.
- I have not applied it, and do not expect to apply it in the future.

14. Have you struggled to apply Groups? If so, to what do you attribute your difficulty?

[Click or tap here to enter text.](#)

15. Have you received support from the Center for Teaching and Learning to apply what you have learned successfully?

- Yes or No

16. You are obtaining positive results from the training⁴.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

17. Have seen an impact in the following areas as a result of attending the Canvas Groups training and applying what you learned? (check all that apply)

- Engagement
- Retention
- Collaboration with Peer
- High instructional value
- Interested in learning how to use the feature
- Other [Click or tap here to enter text.](#)

⁴ KirkPatrick Level 4 – Results

18. Would you be interested in a member of the Center for Teaching and Learning helping you to incorporate Groups into your next course? Y or N
19. Would you be interested in having a follow-up with a member of the Center for Teaching and Learning, after the session, for further feedback? Y or N
20. Would you recommend this training session to your colleagues?⁵ Y or N
21. What suggestions do you have for improving the session for the future? [Click or tap here to enter text.](#)