TA (Instructor's) Name					Mid-Course Feedback Form							Course (Prefix & Number)		
Section Number					Keep, Stop, Start + Rate This Course						Semester			
the end	d of the s he instru	emeste	r so tha	t adjustr	ments/ch	anges m	nay be in	nplemen	nted in an	effort to	supplement	our instructor before student learning. nments will remain		
1.	Please	write	down	one thin	g you w	vould li	ke the ii	nstructo	or or the o	class to	<u>keep</u> doing			
2.	Please	write	down (one thin	ig you w	vould li	ke the ii	nstructo	or or the o	class to	stop doing.			
3. Please suggest one thing you would like the instructor or the class to start doing.														
4.	On a s you?	cale of	1-10,	with 1 l	being lo	w (poo	r) and 1	0 being	g high (ex	cellent), how is the	e course going for		
		1	2	3	4	5	6	7	8	9	10			
5.	Why d	lid you	select	this nu	mber?									