

STUDENT SURVEY

Name:		Date:					
Circle one number for each line to show me what you felt about this lesson:							
The pace	Slow	1	2	3	4	5	Fast
The difficulty	Easy	1	2	3	4	5	Difficult
My interest	Low	1	2	3	4	5	High
My understanding	Low	1	2	3	4	5	High
My learning	Poor	1	2	3	4	5	Good

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