Early Feedback for Sections / Labs / Studios

Course ________________  TF Name ________________  Section Time _________

1. What do you find most effective about section?

2. What are the section leader's strengths?

3. What would you like to change about the section?

4. What suggestions do you have regarding the section leader's teaching?

5. Is the section effective overall?  (1=not effective; 3=moderately effective; 5=very effective):