

Welcome Survey: [Course title] (TERM)

* Indicates required question

1. Name (what you want to be called) *

2. How it is pronounced . . .

3. UID *

4. Pronouns

Course/Classroom Concerns

5. Do you have any concerns about your preparation for this course?

6. Do you have any other concerns about this class?

7. Do you have any concerns/anxieties with health/safety in the classroom?

8. Do you work more than 20 hours per week or do you have care-giving responsibilities that might impact your work in the course? Describe as necessary.

9. Is there anything I can do as your instructor to help ease your worries/concerns /stress?

Technology Access

10. Do you have a device (e.g. laptop, tablet, smartphone) you could bring to class *
to use for in-class projects? (Y/N)

Check all that apply.

- Yes
- No
- Other: _____

11. Are you able to navigate and understand how to use Bruin Learn (Canvas)? *

Mark only one oval.

- Yes
- No

12. If you answered no, please explain.

Wrap up

13. Is there anything else you would like me to know?

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