

Open Lab Evaluation Form

Date and Time: _____ STUDENT FACULTY OTHER: _____

Program: _____ Course: _____ Referred by Faculty: YES NO

Reason for Visit to Open Lab: _____

Please respond to the following statements. Please comment on responses of 3, 2, or 1 by using the back of this form.

5=Strongly Agree 4=Agree 3=Neither Agree or Disagree 2=Disagree 1=Strongly Disagree

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|--|---|---|---|---|---|
| 1) Lab was open at posted time. | 5 | 4 | 3 | 2 | 1 |
| 2) I was able to identify the lab facilitator. | 5 | 4 | 3 | 2 | 1 |
| 3) The supplies and equipment I needed were readily available. | 5 | 4 | 3 | 2 | 1 |
| 4) The facilitator was able to help me and answer my questions. | 5 | 4 | 3 | 2 | 1 |
| 5) I was able to accomplish what I wanted to in a timely manner. | 5 | 4 | 3 | 2 | 1 |
| 6) Open lab is a valuable resource for my learning. | 5 | 4 | 3 | 2 | 1 |