

Teacher Questionnaire for *Thrill of Flight* Resource

This resource is designed in a new digital format, so we are interested in your responses. Your constructive comments will be greatly appreciated, as future course revisions can then incorporate any necessary improvements.

After you have completed the questionnaire, submit it to the address shown at the end of this document.

Teacher's Name (optional):

Area of Expertise:

School Name:

Date:

Resource Design

1. This resource follows a definite structure. Did you find it easy to follow?

Yes

No

If no, explain.

2. Did your observations reveal that the students found the design easy to follow?

Yes

No

If no, explain.

3. Was the design of the resource appropriate?

Yes

No

If no, explain.

4. Many navigational cues were inserted in the resource (e.g., arrows, icons, reminders, a site map). Did you or the students experience any difficulties navigating through the course?

Yes

No

If yes, explain.

5. Did you or the students have to wait long periods of time for pages to load?

Yes

No

If yes, how long?

6. Did you and/or your students make use of the printouts supplied throughout the resource?

Yes

No

Any comments about the printouts?

7. Were text and graphics easy to read and view on-screen?

Yes

No

If no, give details.

8. Did you have any problems viewing movies or other multimedia elements?

Yes

No

If yes, give details.

9. How did you have students access this resource, directly from the CD-ROM, from a local server, or from an Internet site?

10. Did you find the Teacher's Guide helpful?

Yes

No

If no, explain.

11. Did you use this resource to teach students in a large group, small groups, or as individuals? Explain.

12. The Teacher's Guide contains practical hands-on activities, particularly in Topic 2: The Air Out There. Did you find these helpful?

Yes

No

If no, explain.

13. Two flight simulators were included in the resource. Did they work effectively in your situation?

Yes

No

If no, give details.

14. Topic 5: Gliders included an air show. Was this an effective application test of the objectives?

Yes

No

If no, give details.

Instruction

1. Did you find the instruction clear?

Yes

No

If no, give details.

2. Did your observations reveal that the students found the instruction interesting/engaging?

Yes

No

If no, give details.

3. Did you find the instruction adequate?

Yes

No

If no, give details.

4. Was the reading level appropriate?

Yes

No

If no, give details.

5. Was the workload adequate?

Yes

No

If no, give details.

6. Was the content accurate and current?

Yes

No

If no, give details.

7. Did the content flow consistently and logically?

Yes

No

If no, give details.

8. Did students read the frequently asked questions (FAQs) provided for each topic?

Yes

No

Comments:

9. Were students motivated to go to other Internet sites as suggested in the Teacher's Guide?

Yes

No

Comments:

Thanks for taking the time to complete this questionnaire. Your feedback is important to us. Please submit your completed questionnaire to the following address:

Mailing Address: Learning Technologies Branch
Box 4000
Barrhead, Alberta
T7N 1P4

E-Mail Address: ltbgeneral@gov.ab.ca

Fax Number: (780) 674-6561