



# Instructional Development Center Comments Card

please return to SCB 2401

Name \_\_\_\_\_

Contact info. \_\_\_\_\_

Date \_\_\_\_\_

Time Spent \_\_\_\_\_

**Staff Member(s) Assisting:**

Padriac     Deborah     Tom     Other \_\_\_\_\_

**Reason(s) for Visit:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assessment         | <input type="checkbox"/> Mock Classroom Usage | <input type="checkbox"/> Technical Support          |
| <input type="checkbox"/> Audio/Podcasting   | <input type="checkbox"/> MS Office _____      | <input type="checkbox"/> Video/Screen Capture       |
| <input type="checkbox"/> Computer Use       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> WebCT Support              |
| <input type="checkbox"/> Course Development | <input type="checkbox"/> Printing             | <input type="checkbox"/> Web Design                 |
| <input type="checkbox"/> Graphic Design     | <input type="checkbox"/> Scantron             | <input type="checkbox"/> Writing Across the College |

**Level of Service:** (1 poor; 7 excellent)

1 2 3 4 5 6 7 \_\_\_\_\_

**Adequate IDC Resources?**

Yes No (why?) \_\_\_\_\_

**Do you attend IDC Workshops?**

Yes No (why?) \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What IDC Workshops topics/times would provide you with professional development opportunities?**

\_\_\_\_\_  
\_\_\_\_\_

rev. 9/08



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