

Community College Survey of Student Engagement – Class Information Sheet

- IPEDS Number:
- Sample Packet Number:
- College Name:
- Campus:
- Instructor Name:
- Course Full Name:
- Course Number:
- Section Number:
- Course Enrollment:
- Course Start/End Time:
- Building:
- Room:
- Beginning Survey Number:
- Ending Survey Number:

Please complete the following information:

Survey Administrator's Name: _____

Signing this form indicates the Survey Administrator *read the survey script to the respondents.*

Signature of Survey Administrator: _____

Total Administration Time:
in minutes

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Administration Date:

Mo		Day		Year	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9