

LEARNER SURVEY-SMALL GROUP INSTRUCTION

Name: _____

Current Books being used (e.g. Challenger 4, LWR Skillbook 1):

1. Would you like to learn with others in a small group? (You would still be able to have your tutor as well.)

/ YES / NO

If you answered no, can you explain why you would not like to learn in a small group? Don't answer this if you feel uncomfortable giving your reason.

If you answered "no" to question #1, you do not have to answer the rest of the survey.

2. If you would like to learn in a small group, check off the times and days that you would be available:

- Mornings (Between 9 a.m. and 11 -30 a.m.)
- Afternoons (Between 1 p.m. and 3:30 p.m.)
- Evenings (Between 6 p.m. and 8 p.m.)

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

3. Would you be able to come to a class that is located at our office?

/ YES / NO

If you answered no, could you tell us a location that would be good for you? (This doesn't mean that we will have a small group in that location but it might give us some ideas for some other places to have a small group).

4. Do you require transportation or daycare assistance to be able to attend a class?

/ YES / NO

Please describe: _____