Weekly Feedback by Conversation Partner (CP)

Name _____ **Date** _____

E-mail _____

Name of ITA Partner _____

1. When did the session take place?
Specify date _____

2. Where did the session take place?

- ☐ Library
- ☐ International House
- ☐ Campus Center
- ☐ Other, specify venue _____

3. How long did the session last?

- ☐ One Hour
- ☐ More than one hour

4. How effective was the session?

- ☐ Highly
- ☐ Moderate
- ☐ Not helpful at all

5. What type of conversation did you employ most during the session?

- ☐ Dialogue
- ☐ Extempore

6. List the topics you discussed during this session?

- _____
- _____
- _____

7. Did you teach any new vocabulary and/or idioms during the session?

- ☐ Yes
- ☐ No

8. Was this meeting

- ☐ Routine
- ☐ Extraordinary; If so, why ? _____

Please return this completed form to the ESL Director @ International House. Thank you for your time.