

【Table 3】

**Hungkuang University Academic Support Session Feedback
Form for Resource Room Special Education Students**

_____ (year) _____ (month) _____ (day)

<Completed by the Academic Support Teacher>		
Student Name:	Department/Year of Study:	Academic Support Course:
Teaching Time:		Teaching Location:
Student Attendance: <input type="checkbox"/> Punctual <input type="checkbox"/> Late <input type="checkbox"/> Absent without Valid Reason <input type="checkbox"/> Previously Notified Absence (Reason: _____) <input type="checkbox"/> Other (Please Specify: _____)		
Student Participation and Attitude during the Academic Support Session: <input type="checkbox"/> Participates in discussions (including punctual responses to teacher's questions) <input type="checkbox"/> Shows exhaustion <input type="checkbox"/> Listens attentively <input type="checkbox"/> Initiates questions actively <input type="checkbox"/> Lacks attention <input type="checkbox"/> Other: _____ _____		
Signature of Academic Support Teacher: _____		

Please complete this form after each academic support session and return it to the Resource Room. Thank you!

FM-10540-019 Form Revision Date: February 1, 2018

Retention Period: 8 years