

# STUDENT FEEDBACK FORM



COURSE NAME	INSTRUCTOR NAME	COURSE NUMBER	CLASS YEAR <small>Fr, So, Jr, Sr</small>	DATE

Provide a Rating for each of the statements, below, by placing an "X" in the corresponding box.

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
Level of effort you put into the course					
Your level of knowledge at the start of the course					
Your level of knowledge at the end of the course					

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I understood the objectives of the course.					
The length of the course was sufficient to cover content.					
The course provided me with new information.					

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
The instructor was sufficiently prepared.					
The instructor was organized.					
The instructor practiced communicated clearly.					
The instructor was effective.					
The instructor was sufficiently available.					

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
Overall quality of equipment used for the course					
Overall quality of the course					

## ADDITIONAL COMMENTS

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