

## **Learner Course Feedback Form**

Learner Name (in block letters)	
Course Title	
Course Number	
Course Location	
Instructor / Tutor Name	
Date of Feedback	

Please take a few moments to complete the feedback form. Thank you.

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I.	About the Co	urse Inform	nation on the	Responden	t: (Tick (V) Ap	propriate	ly)		
Stan	dard of test and	d assignme	nts						
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Tick 1	the appropriate	number	1-Very Poor	2-Poor	3-Average	4-Good	5-Exce	llent	
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Orga	nization of the	Course							
Empl	hasis on fundan	nentals							
Empl	hasis of fundam	entals							
Avail	ability of text b	ooks/study	materials						
Usef	ulness of tests a	and assignn	nents						
		3							
Over	all rating of the	Course							
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## What I liked about this course:

What I did not like about this course:

## I would suggest the following to improve the course

Tick the appropriate number 1-Very Poor			2-Poor	3-Average	4-Good	5-Excellent		
			1	2	3	4	5	
1.	Pace of the Teaching/lecture							
2.	Comment of the Subject							
3.	Clarity of expression							
4.	Level of preparation							
5.	Level of interaction							
6.	Accessibility outside the class							
7.	Others (please specify							

What are the <u>instructor's / tutor's</u> strength:

What suggestions do you have to improve the instructor's / tutor's teaching?

**Additional comments:**