

# Feedback Form for Students

[School/University Name]

## Personal Information:

- Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Course/Subject: \_\_\_\_\_
- Instructor's Name: \_\_\_\_\_

## Course Feedback:

### 1. Overall Course Experience:

- How would you rate your overall course experience?
  - ☐ Excellent
  - ☐ Good
  - ☐ Average
  - ☐ Poor

### 2. Quality of Instruction:

- How would you rate the quality of instruction?
  - ☐ Excellent
  - ☐ Good
  - ☐ Average
  - ☐ Poor

### 3. Course Material:

- Was the course material helpful and relevant?
  - ☐ Yes
  - ☐ No

### 4. Instructor's Engagement:

- Did the instructor engage and motivate you?
  - ☐ Very Much
  - ☐ Somewhat
  - ☐ Neutral
  - ☐ Not Much
  - ☐ Not At All

**Detailed Feedback:**

- What did you like most about the course?

- \_\_\_\_\_
- \_\_\_\_\_

- What improvements would you suggest?

- \_\_\_\_\_
- \_\_\_\_\_

**Additional Comments:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_