Faculty Feedback Form

Instructor_____

Course Title_____ Day/Time_____

Student Name_____ Term_____

Students: Please complete the top portion of this form before meeting with instructor.

STUDENT COMMENTS

What I like about this class is: _____

I learn best by: _____

I am experiencing some difficulty in this class with the following: _____

_____

Certain class expectations are unclear to me, such as: _____

_____

My concerns about my ability to do well in this course are: _____

_____

Additional questions or comments: _____

_____

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FACULTY COMMENTS

How would you rate my overall class attendance & participation?

_____

How could I improve my assignments or exam grades? _____

_____

What is my estimated grade currently? _____

What could I do to raise this? _____

_____

Do you have any other comments, suggestions or questions for me?

_____