

Survey Questionnaire Form for Students

Student Details

Name: _____

Student ID: _____

Course: _____

Academic Experience

How would you rate the quality of your course lectures?

- Excellent
- Good
- Fair
- Poor

Rate your level of engagement in the following class activities:

Activity	Very Engaged	Somewhat Engaged	Not Engaged
Lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What resources do you find most helpful for your studies?

- _____

Suggestions for improvement:

- _____

General Feedback

Please share any other feedback that could help us improve your learning experience.

- _____

Confirmation

Date: _____ Signature: _____