

# Course Feedback Form Sample

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## Student Information

- Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Course Title: \_\_\_\_\_
- Instructor Name: \_\_\_\_\_
- Semester/Term: \_\_\_\_\_

## Course Evaluation

Criteria	Excellent	Good	Fair	Poor
Course Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Additional Comments

- What did you like most about the course?

\_\_\_\_\_

- What improvements would you suggest?

\_\_\_\_\_

- Additional Feedback: \_\_\_\_\_

### Signature

- Signature: \_\_\_\_\_

- Date: \_\_\_\_\_