

# Course Feedback Form Template

## Student Information

- Full Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- Course Name: \_\_\_\_\_
- Instructor: \_\_\_\_\_
- Term: \_\_\_\_\_

## Evaluation Criteria

Aspect	Excellent	Good	Fair	Poor
Course Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Feedback Section

- Highlights of the Course: \_\_\_\_\_

- **Areas for Improvement:** \_\_\_\_\_
- **General Comments:** \_\_\_\_\_

### Signature

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_