

Feedback Form for Teachers from Students

Course Information

- Course Name: _____
- Instructor's Name: _____
- Term/Year: _____

Student Information

- Name (Optional): _____
- Grade/Year: _____

Evaluation Metrics

Metric	Rating (1-5)	Comments
Clarity in Teaching	_____	_____
Organization of Lessons	_____	_____
Knowledge of Subject	_____	_____
Interaction with Students	_____	_____
Response to Queries	_____	_____

Use of Technology	_____	_____
Encouragement and Support	_____	_____
Overall Performance	_____	_____

Strengths

- _____

Areas for Improvement

- _____

General Comments

- _____

Student's Signature (Optional)

- **Signature:** _____