

Teacher Feedback Form for Students

Teacher's Name: _____

Course/Subject: _____

Student's Name: _____

Date: _____

Overall Satisfaction

1. How satisfied are you with the teaching methods?

- Very Satisfied _____
- Satisfied _____
- Neutral _____
- Unsatisfied _____
- Very Unsatisfied _____

2. How clear and understandable were the lessons?

- Very Clear _____
- Clear _____
- Neutral _____
- Unclear _____
- Very Unclear _____

3. How effective was the teacher in encouraging participation?

- Very Effective _____
- Effective _____
- Neutral _____
- Ineffective _____

- Very Ineffective _____

Detailed Feedback

4. What did you like most about the teacher's approach?

5. What areas do you think the teacher could improve?

6. How would you rate the teacher's knowledge of the subject?

- Excellent _____
- Good _____
- Fair _____
- Poor _____
- Very Poor _____

Additional Comments

7. Any other comments or suggestions?

Signature: _____