
Teaching Feedback Form NHS

Course and Instructor Details

- Course Title: _____
- Instructor's Name: _____
- Teaching Period: _____

Your Information (Optional)

- Name: _____
- Role: _____
- Date: _____

Feedback on Teaching

Aspect	Rating (1-5)	Comments
Communication Skills	_____	_____
Subject Mastery	_____	_____
Ability to Inspire	_____	_____
Feedback on Assignments	_____	_____
Accessibility	_____	_____

Use of Teaching Aids	_____	_____
Professionalism	_____	_____
Overall Satisfaction	_____	_____

Positive Aspects

- _____

Suggestions for Improvement

- _____

Additional Feedback

- _____

Signature (Optional)

- **Your Signature:** _____