

# Teaching Feedback Form PDF

## Course Information

- Course Title: \_\_\_\_\_
- Instructor's Name: \_\_\_\_\_
- Semester/Year: \_\_\_\_\_

## Student Information (Optional)

- Name: \_\_\_\_\_
- Grade Level: \_\_\_\_\_
- Date: \_\_\_\_\_

## Evaluation Criteria

Criteria	Rating (1-5)	Comments
Clarity of Instruction	_____ _____	_____
Course Organization	_____ _____	_____
Subject Knowledge	_____ _____	_____
Engagement and Interaction	_____ _____	_____

<b>Responsiveness to Questions</b>	_____ _____	_____
<b>Use of Resources</b>	_____ _____	_____
<b>Encouragement and Support</b>	_____ _____	_____
<b>Overall Effectiveness</b>	_____ _____	_____

### Strengths

- \_\_\_\_\_  
\_\_\_\_\_

### Areas for Improvement

- \_\_\_\_\_  
\_\_\_\_\_

### Additional Comments

- \_\_\_\_\_  
\_\_\_\_\_

### Signature (Optional)

- **Student Signature:** \_\_\_\_\_