Questionnaire Sample for Students

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Grade/Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions**

1. **How often do you feel engaged in your classes?**
   * **☐ Always**
   * **☐ Sometimes**
   * **☐ Rarely**
   * **☐ Never**
2. **How well do your teachers explain difficult topics?**
   * **☐ Very Well**
   * **☐ Well**
   * **☐ Fair**
   * **☐ Poor**
3. **Do you think there are enough resources to help you succeed in your studies?**
   * **☐ Yes**
   * **☐ No**
4. **How satisfied are you with the overall learning environment?**
   * **☐ Very Satisfied**
   * **☐ Satisfied**
   * **☐ Neutral**
   * **☐ Dissatisfied**

**Suggestions for Improvement**