

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

- _____
- _____
