

Student Feedback Form for Teachers

Student Information

- Full Name: _____
- Grade/Level: _____
- Teacher's Name: _____
- Subject: _____
- Date: _____

Feedback Questions

1. How effective was the teacher's communication during class?

- Excellent
- Good
- Fair
- Poor

2. How clear were the teacher's explanations of the subject?

- Very Clear
- Clear
- Somewhat Clear
- Not Clear

3. How engaging were the lessons?

- Very Engaging
- Engaging
- Neutral
- Not Engaging

4. Did the teacher provide helpful feedback on your work?

- Yes
- Sometimes
- No

Strengths of the Teacher

- _____

Areas for Improvement

- _____

Additional Comments

- _____
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