

Form for Guest Lecture Feedback

Guest Lecture Details

- Lecture Title: _____
- Guest Lecturer's Name: _____
- Date of Lecture: _____
- Venue/Platform: _____
- Duration: _____

Evaluation Criteria

Please rate the following aspects of the guest lecture by marking the appropriate checkbox:

Criteria	Excellent	Good	Satisfactory	Needs Improvement
Relevance of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of content delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with the audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of examples and real-life applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Q&A session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Feedback

1. What did you find most valuable about this lecture?

2. What areas do you think need improvement?

3. Would you recommend this lecturer for future sessions? Yes No

Signature (Optional)

Participant's Name: _____ Date: _____