

Form for Lecture Feedback Template

Lecture Information

- Lecture Topic: _____
- Instructor's Name: _____
- Date & Time: _____
- Department: _____
- Course Name: _____

Feedback Sections

1. Content & Delivery

- Was the lecture well-structured? Yes No
- Did the lecturer explain concepts clearly? Yes No
- How engaging was the lecture? Highly Engaging Moderate Not Engaging

2. Teaching Methods

- Use of visual aids and examples: Excellent Good Average Poor
- Interaction with students: Excellent Good Average Poor

3. Overall Learning Experience

- Did the lecture meet your learning expectations? Yes No
- What could be improved in future lectures?

Suggestions for Future Lectures

- More interactive sessions**
- More real-world examples**
- Additional reading materials**
- More time for Q&A**

Signature (Optional): _____ **Date:** _____