

Form for Online Course Lecture

Feedback

Lecture Details

- Course Title: _____
- Lecture Topic: _____
- Instructor Name: _____
- Date: _____

Evaluation Criteria

Please mark the most appropriate response.

Evaluation Criteria	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The online lecture was well-structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor explained the concepts clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials provided were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interaction and discussion were engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The platform used was effective for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Open Feedback

1. What aspects of the online lecture were most helpful?

2. What difficulties did you face during the session (technical issues, engagement, etc.)?

3. How can future online lectures be improved?

Overall Satisfaction

Highly Satisfied Satisfied Neutral Unsatisfied Highly Unsatisfied

Signature (Optional): _____ Date: _____