

Student Feedback Form

**Subject /Subject Code** : .....

**Tutor / Lecturer Name** : .....

*(Please tick the appropriate)*

**Structure:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Style:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Presentation:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Depth of understanding of issues related to the question:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Depth of discussion:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Depth of analysis:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Quality of research:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Use of resources:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Overall:**

1. Excellent      2. Very Good      3. Good      4. Average      5. Bad

**Additional Comments:**

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**Other Considerations:-**

1.      **Would you like to study another subject from the same teacher?**      **Yes / No**

2.      **Should the same teacher continue to teach this subject to forthcoming batches**      **Yes / No**

**Signature of Student**