**Students Feedback Form for Teachers**

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**Instructor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Semester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**Please provide honest feedback about the course and instructor. Your responses are confidential and will be used to improve the quality of instruction.

**1. Clarity and Understandability**How clear and understandable were the lectures and presentations?  
☐ Not clear at all  
☐ Somewhat unclear  
☐ Neutral  
☐ Mostly clear  
☐ Very clear

**2. Engagement and Interaction**How engaging and interactive was the instructor during the course?  
☐ Not engaging  
☐ Rarely engaging  
☐ Sometimes engaging  
☐ Often engaging  
☐ Always engaging

**3. Accessibility and Support**How accessible and supportive was the instructor outside of lectures?  
☐ Not accessible  
☐ Rarely accessible  
☐ Sometimes accessible  
☐ Often accessible  
☐ Always accessible

**4. Use of Teaching Materials**How effectively did the instructor use teaching materials (e.g., textbooks, digital tools)?  
☐ Not effective at all  
☐ Slightly effective  
☐ Moderately effective  
☐ Very effective  
☐ Extremely effective

**5. Encouragement of Critical Thinking**How well did the instructor encourage critical thinking and problem solving?  
☐ Not at all  
☐ Rarely  
☐ Sometimes  
☐ Often  
☐ Always

**6. Overall Satisfaction**Overall, how satisfied are you with this instructor?  
☐ Very dissatisfied  
☐ Dissatisfied  
☐ Neutral  
☐ Satisfied  
☐ Very satisfied

**7. Open Feedback (Optional)**Please provide any additional comments or suggestions that may help improve this course and teaching methods.

**Thank you for your feedback!**