**Students Feedback Form for Teachers**



**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!**