

Midterm Course Evaluation Feedback Form

Course Title

Instructor Name

Your Name (optional)

Course Content

How clear are the course objectives?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

How effective are the teaching methods?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Is the course pace suitable?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Instructor Feedback

How well does the instructor explain the material?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

How approachable is the instructor for questions?

- ☐ 1
- ☐ 2
- ☐ 3

☐ 4

☐ 5

General Feedback

What aspects of the course do you like most?

What aspects of the course could be improved?

Additional Comments