

Midterm Course Evaluation Feedback Form

Course Title

Enter the course title

Instructor Name

Enter instructor's name

Your Name (optional)

Enter your name

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