

Post-Course Experience Feedback Questionnaire

Name (optional):

Email (optional):

Course Title:

1. How satisfied are you with this course?

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

2. Rate the instructor's effectiveness:

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3. How was the course content?

- Informative
- Clear
- Engaging
- Well-paced
- Outdated

4. What did you like most about the course?

5. What can be improved?

6. Additional comments or suggestions: