

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:

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☐ Outdated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: