

Student Course Experience Assessment Form

Student Information (optional)

Name

Email

Course Information

Course Title

Professor Name

Term/Semester

e.g. Fall 2024

Assessment

1. The professor explained the course materials clearly.

1

2

3

4

5

2. The professor was responsive to student questions and concerns.

1

2

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3. The professor created an engaging and inclusive learning environment.

1

2

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4. The course objectives were clear and met.

1

2

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5. The assessments (tests, assignments, etc.) reflected the course content and objectives.

1

2

3

4

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6. Overall, I am satisfied with my experience in this course.

1

2

3

4

5

Comments & Suggestions

Please provide any additional comments or suggestions: