

Course Feedback Questionnaire

Name (optional)

Email (optional)

Course Name

1. How satisfied are you with the course overall?

☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

2. How would you rate the instructor's effectiveness?

☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Very Poor

3. Was the course material clear and well-organized?

4. What did you like most about the course?

5. What aspects of the course could be improved?

6. Additional comments or suggestions: