

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: