**MY FEEDBACK FORM**

|  |  |  |
| --- | --- | --- |
| **S/N** | **PARAMETER** | **RESPONSE LEVEL** |
| **YES****(5 points)** | **NO****(0points)** | **NOTSURE****(3points)** |
| **1** | **Are you learning valuable information?** |  |  |  |
| **2** | **Are the explanations of concepts clear?** |  |  |  |
| **3** | **Is the Instructor’s delivery engaging?** |  |  |  |
| **4** | **Are there enough helpful practice activities?** |  |  |  |
| **5** | **Was the course description accurate?** |  |  |  |
| **6** | **Is the instructor knowledgeable about the topic?** |  |  |  |
| **TOTAL SCORE** |  |  |  |
| **FINAL REMARKS** |  |
| **EXCELLENT (5POINTS)** |  |
| **FAIR (3 POINT)** |  |
| **POOR (0 POINTS)** |  |

**NAME/SIGNATURE/DATE: ………………………………………………; …………………………………….; …………………………..**