**MY FEEDBACK FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **PARAMETER** | **RESPONSE LEVEL** | | |
| **YES**  **(5 points)** | **NO**  **(0 points)** | **NOTSURE**  **(3points)** |
| **1** | **Are you learning valuable information?** | **Yes** |  |  |
| **2** | **Are the explanations of concepts clear?** | **Yes** |  |  |
| **3** | **Is the Instructor’s delivery engaging?** | **Yes** |  |  |
| **4** | **Are there enough helpful practice activities?** | **Yes** |  |  |
| **5** | **Was the course description accurate?** | **Yes** |  |  |
| **6** | **Is the instructor knowledgeable about the topic?** | **Yes** |  |  |
| **TOTAL SCORE** | | **30** |  |  |
| **FINAL REMARKS** | | **They are doing a good job** | | |
| **EXCELLENT (5POINTS)** | |  | | |
| **FAIR (3 POINT)** | |  | | |
| **POOR (0 POINTS)** | |  | | |

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