Teaching Feedback

Date:

Teacher Name: Teacher Grade:

Session Name:

Session Length:

The content of the session was useful and interesting.....	1	2	3	4	5	N.A.
The session was structured and well organized.....	1	2	3	4	5	N.A.
The topics covered were relevant to me.....	1	2	3	4	5	N.A.
The overall delivery of the session was clear.....	1	2	3	4	5	N.A.
What did you think of the teaching overall?.....	1	2	3	4	5	N.A.

Was there adequate time for questions and discussion?..... Yes No

Do you think you can apply what you learned in the work place?..... Yes No

What aspects of the teaching were particularly good?

What aspects of the teaching could be improved?

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