Lecturer Feedback Form
Intake xx - Semester xx
Subject - xxx
Lecturer Name - xxx

Please submit feedback regarding the course you are following/have just completed, including feedback on course structure, content, and lecturer.

* Required

* This form will record your name, please fill your name.

1. Enthusiasm *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Lecturer was confident to teach.	○	○	○	○	○
Lecturer was punctual.	○	○	○	○	○

2. Organization *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Lectures were well structured	○	○	○	○	○
Details of module content and learning outcomes were given at the beginning of the lecture series.	○	○	○	○	○

3. Lecturer Student Interaction *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Encouraged students to ask questions.	○	○	○	○	○
Praised student's inputs.	○	○	○	○	○

4. Task Organisation *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Speed of the lecturer was reasonable.	○	○	○	○	○
Course materials were provided.	○	○	○	○	○
Recommended useful textbooks, websites, periodicals etc.	○	○	○	○	○
Number of worked examples and tutorials were adequate.	○	○	○	○	○
Practical applications relevant to the subject were discussed.	○	○	○	○	○
Lecturer advised regarding examinations.	○	○	○	○	○
Feedback on mid-term and continuous assignments were helpful to identify my weaknesses.	○	○	○	○	○

5. Clarity *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Black/white-board or Power Point presentations were clear.	○	○	○	○	○
Lecturer was sufficiently audible.	○	○	○	○	○
Lecturer was clear when communicating with students.	○	○	○	○	○

6. Learning Experiences *

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Lecture was good	○	○	○	○	○
Course content	○	○	○	○	○
Module/subject was understood	○	○	○	○	○