

**Student Feedback form - Practical Lesson**

**Faculty** .....  
**Department**.....  
**Course code and Title** .....  
**Day and Time** .....  
**Name of the Lecturer** .....  
**Name of the independent evaluator** .....

**Instructions:** Please answer all questions by circling one out of numbers 1 -5 against each statement.  
The number 1 - 5 correspond to the statement:  
5 - Strongly agree  
4 - Agree  
3 - Neither agree nor disagree  
2 - Disagree  
1 - Strongly disagree

- a. Lessons provided opportunities to develop skills related to the subject 5 4 3 2 1
- b. The practical lessons were well organized. 5 4 3 2 1
- c. Adequate guidelines/handouts were given prior to each lesson. 5 4 3 2 1
- d. A teacher was available during the practical for guiding students. 5 4 3 2 1
- e. The principle of each practical lesson was explained. 5 4 3 2 1
- f. The teacher provided adequate demonstrations. 5 4 3 2 1
- g. The lessons had adequate demonstrators and technicians for assistance 5 4 3 2 1
- h. The teacher stimulated independent thinking of students by discussions 5 4 3 2 1
- i. The lessons were held as indicated in the time table. 5 4 3 2 1
- j. Periodical assessments were conducted. 5 4 3 2 1

**The overall grading of the course:** Very good – 5 Good – 4 Satisfactory - 3 Poor - 2 Very poor - 1

**Any other comments:**