



COURSE FEED BACK FORM

Course: _____ Date: _____

We appreciate constructive feedback from our students regarding the course just completed. Your answers will assist the School of Healing Arts in our ongoing objective of growth and wellness. Please be candid in your responses.

RESPONSE CODE: 5 = Highly Satisfied, 0 = Not Satisfied

My overall satisfaction with the course	0	1	2	3	4	5
My satisfaction with how much I benefited	0	1	2	3	4	5
My satisfaction that the course objectives and assignments were clearly presented	0	1	2	3	4	5
My satisfaction with the instructor's knowledge of the subject	0	1	2	3	4	5
My satisfaction with the instructor's teaching and communication skills	0	1	2	3	4	5
My satisfaction with how class time was utilized	0	1	2	3	4	5
My satisfaction with opportunities for student participation	0	1	2	3	4	5

What I was hoping to gain from this course:

My satisfaction with what I gained: 0 1 2 3 4 5

My suggestions for improving the course:

Student Name (Optional): _____

Please feel free to use the back of the sheet to write any additional comments not covered by the above questions.