

# Instructor Feedback Form

Your Name

Your Email

Course Name

Instructor Name

## Instructor Evaluation

Knowledge of Subject

☐

1

☐

2

☐

3

☐

4

☐

5

Communication Clarity

☐

1

☐

2

☐

3

☐

4

☐

5

Responsiveness to Questions

☐

1

☐

2

☐

3

☐

4

☐

5

**Additional Feedback**

Instructor's Strengths

Suggestions for Improvement

Other Comments