

Feedback Form

Date:

Session:

Tutor:

Feedback

How do you rate this session:

| | | |
|-------------------|------------|------------------------|
| Usefulness | 1-10 | (1 poor, 10 excellent) |
| Content/relevance | 1-10 | |
| Teaching | 1-10 | |
| Overall | 1-10 | |

Do you feel more confident on the subject? Yes / No / Unsure

What were the good points?

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What could the tutor improve on for the future?

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Any additional comments?.....

Many thanks for completing this feedback form, please return it to your tutor.