

Course: _____ LU: _____ Date: _____

Department: _____ Activity: _____

Evaluator: ____ Student ____ Faculty

FEEDBACK FORM

For each parameter, please put a check in the most appropriate column:

Parameter	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly Agree
Appropriate for the intended purpose				
Important parameters were evaluated				
Understandable				
Easy to use				
Time consuming				

Comments:

Suggestions:

Thank you so much for your help. Your feedback will us improve the evaluation tool.