

CLASS FEEDBACK FORM

Course Title: _____ Instructor: _____

Class Date: _____ Location: _____

Participant Information:

Full Name: _____

Email Address: _____

Organization (if applicable): _____

Feedback Sections:

1. Course Content

Please rate the relevance, clarity, and completeness of the course content.

2. Instructor Effectiveness

Please rate the instructor's knowledge, communication skills, and engagement with participants.

3. Materials and Resources

Please rate the quality and usefulness of the provided materials and resources.

4. Facilities and Environment

Please rate the comfort, accessibility, and suitability of the physical or virtual learning environment.

5. Overall Satisfaction

Please provide your overall satisfaction level with the course.

6. Suggestions for Improvement

Please provide any suggestions or comments that could help improve future courses.

Signature and Authorization:

Participant Signature: _____

Date: _____

Confidentiality and Data Usage Notice

The feedback provided in this form will be used solely for the purpose of improving educational services and will be handled in accordance with applicable United States privacy laws. Your responses will remain confidential and will not be disclosed to unauthorized parties.

Legal Compliance and Enforcement

This feedback form and any related communications are legally compliant and enforceable under the laws of the United States of America. By submitting this form, the participant agrees that all information provided is truthful to the best of their knowledge.

PARTICIPANT'S SIGNATURE

INSTRUCTOR'S ACKNOWLEDGMENT

Signature: _____

Signature: _____

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