|  |
| --- |
| Name of the teacher: Prof./ Dr./ Mr./ Ms. |
| Course code and name:  |

**Please indicate your opinion with a tick where appropriate**

|  |
| --- |
| The numbers 1-5 correspond to the following statements. |
| 5 – Strongly agree 4 – Agree 3 – Neither agree nor disagree2 – Disagree 1 – Strongly disagree |
| ScoreAttributes | 5 | 4 | 3 | 2 | 1 |
| Course contents were well organized |  |  |  |  |  |
| Course contents were appropriate for the level of the class |  |  |  |  |  |
| Course ILOs were well defined and achieved. |  |  |  |  |  |
| Assignments were relevant and appropriate for the course  |  |  |  |  |  |
| Practical classes were relevant and appropriate for the course  |  |  |  |  |  |
| Field classes /training were relevant and appropriate for the course (respond only if applicable)  |  |  |  |  |  |
| Course materials were clear and relevant |  |  |  |  |  |
| Course developed my knowledge/ skills on the subject |  |  |  |  |  |
| Emphasis was given to Outcome Based Education (OBE) and Student-Centered Learning (SCL) |  |  |  |  |  |
| Overall rating of the course |  |  |  |  |  |

Please write your comments (Strengths and weaknesses of the course and suggestions for improvement)