**IMPACT** 

**TEACHING FEEDBACK FORM**

Dear students – We value your opinion and aim to ensure the level and quality of IMPACT sessions meet with your expectations.

Please complete the information below.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overall impression of session**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very Good | Good | Fair | Poor |
|  |  |  |  |  |

**Value of information & content**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very Good | Good | Fair | Poor |
|  |  |  |  |  |

**Quality of notes and teaching materials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very Good | Good | Fair | Poor |
|  |  |  |  |  |

**Were all your areas of interest covered?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**How could the session be improved?**

|  |
| --- |
|  |

**Comments from the Lecturer:**

|  |
| --- |
|  |

**Would you recommend this session to a colleague?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

***Please return to the Impact Administrator,***

***Institute of Health and Society, Bredon Building, St Johns Campus***