

Student Feedback form –Field visits

Faculty

Department.....

Course code and Title

Day and Time

Name of the Lecturer

Name of the independent evaluator

Instructions: Please answer all questions by circling one out of numbers 1 -5 against each statement.
The number 1 - 5 correspond to the statement:

- 5 - Strongly agree
- 4 - Agree
- 3 - Neither agree nor disagree
- 2 - Disagree
- 1 - Strongly disagree

a. The field visit was timely.	5	4	3	2	1
b. The visit was well organized.	5	4	3	2	1
c. The location selected was appropriate to meet the stated objectives	5	4	3	2	1
d. The visit was useful to strengthen knowledge gathered in lectures	5	4	3	2	1
e. Aims and objectives of the visit was explained at the beginning	5	4	3	2	1
f. A teacher accompanied the students.	5	4	3	2	1
g. The Teacher/Resource Person discussed subject matter during the visit	5	4	3	2	1
h. The Teacher/Resource Person was responsive to student questions during the visit.	5	4	3	2	1
i. The Teacher/Resource Person encouraged student participation	5	4	3	2	1
j. I recommend this field visit to be continued.	5	4	3	2	1

The overall grading of the course: Very good – 5 Good – 4 Satisfactory - 3 Poor - 2 Very poor - 1

Any other comments: