PINE GROVE COLLEGE OF EDUCATION

Student feedback proforma

BLANK FORM | Not a record of responses collected

Academic session: _____ Date: _____
Name (optional): _____
Programme / role: _____

Rate each item from 1 to 5: 1 Poor, 2 Fair, 3 Satisfactory, 4 Good, 5 Excellent. Use N/A if you cannot assess it.

Feedback item	Rating / N/A
1. Clarity of teaching and explanations	
2. Connection between theory and classroom practice	
3. Availability of learning resources	
4. Fairness and clarity of assessment	
5. Timeliness and usefulness of feedback	
6. Support for questions and individual learning needs	
7. Access to laboratories and library	
8. Overall learning experience	

What worked well?

What should improve?

Submit the completed form to the college office. Personal identification is optional.