

Laboratory and Practical Class Feedback Form

This feedback form is designed to help us improve future laboratory and practical sessions. Please fill out the sections below. This document is formatted for printing.

1. General Information

| | |
|---------------------------------|----------------------|
| Course Name & Code: | <input type="text"/> |
| Lab Session/Topic: | <input type="text"/> |
| Date of Practical: | <input type="text"/> |
| Instructor/TA Name: | <input type="text"/> |
| Student Name (Optional): | <input type="text"/> |

2. Lab Session Evaluation

Please provide a score from 1 (Poor) to 5 (Excellent), or write your comments in the space provided.

| Evaluation Criteria | Score / Comments |
|--|-------------------------|
| The objectives of the practical session were clearly explained. | <input type="text"/> |
| The laboratory instructions and manuals were easy to follow. | <input type="text"/> |
| The equipment, materials, and reagents were ready and in good working condition. | <input type="text"/> |
| The practical class was highly relevant to the theoretical lectures. | <input type="text"/> |
| The allocated time was sufficient to complete the experiments. | <input type="text"/> |
| The instructor/TA provided helpful guidance and answered questions effectively. | <input type="text"/> |
| The safety procedures were clearly outlined and enforced. | <input type="text"/> |

3. Open-Ended Feedback

What did you find most valuable about this laboratory session?

What aspects of this practical session could be improved?

Are there any specific instruments, tools, or resources you wished you had access to?

Additional Comments: