



Student Lesson Feedback Form

Date: _____

Class/Course Name:

What is one thing that you enjoyed the most in the lesson?

What did you wish to see in the lesson that was not in there?

Did the lesson make you think differently about a certain topic? Name one topic that you did not know anything about.

If you could change one specific thing about the lesson, what would that be? How would you rate the quality of visuals (images, videos)?

How easy or difficult was it to understand the concepts?
Which topics do you wish were more in-depth?

**Did you connect with other learners (sharing resources, ideas)?
Why or why not?**

How confident are you in applying what you have learned? What was the most useful thing that you have learned?

Have you applied anything that you have learned? Why or why not?

How did the course fit in your weekly schedule?

Were there any moments when you felt frustrated? Why?

Additional thoughts or comments?
