Early Feedback for Courses

The Course Overall  Course Name: ________________________________

What are the most positive aspects of this course?

What would you like to see changed about this course?

Is the course effective overall?  [1=not effective; 3=moderately effective; 5=very effective]:

1  2  3  4  5

Lectures  Instructor: ________________________________

What have you found helpful about the lectures?  What do you like best about them?

What would you change about them?

Are the lectures effective?  [1=not effective; 3=moderately effective; 5=very effective]:

1  2  3  4  5

Labs or Sections  Section Leader: ________________________________

What have you found helpful about lab or section meetings?  What do you like best about them?
What would you change about them?

Is section or lab effective? [1=not effective; 3=moderately effective; 5=very effective]:

1 2 3 4 5

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