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University of Sri Jayewardenepura

Faculty of Applied Sciences

**Student Feedback Form for Assessments**

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| **Course code & title** |  |
| **Name of the lecturer** |  |
| **Assessment Type** |  |
| **Year and the semester** |  |
| **Date** |  |

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| **Instructions to students** |
| Please cross the response that represents your opinion. |

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|  | **Question** | **Response** | | | | |
| **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| 1. | Information about the assessment was communicated clearly. |  |  |  |  |  |
| 2. | Methods of assessments was reasonable. |  |  |  |  |  |
| 3. | Had summative assessments. |  |  |  |  |  |
| 4. | Exam questions were related to Intended Learning Outcomes (ILOs) of the course unit. |  |  |  |  |  |
| 5. | Exam questions were worded clearly. |  |  |  |  |  |
| 6. | Figures, tables, and equations included in the exam paper were clear. |  |  |  |  |  |
| 7. | Had enough time to complete the exam. |  |  |  |  |  |
| 8. | Grading criteria were clearly defined. |  |  |  |  |  |
| 9. | Feedback on assessment was timely and helpful. |  |  |  |  |  |
| 10. | Any other comments: | | | | | |