

High School Student Course Evaluation Survey Form

This detailed survey is for you to provide honest feedback about your course experience. Your responses are anonymous and will be used to improve teaching and learning in our school. Please answer all questions thoughtfully.

A. Course and Student Information

Course Name:

Teacher Name:

Your Grade Level:

9th Grade

Semester:

B. Course Content & Organization

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The course objectives were clear.	<input type="radio"/>				
The topics covered were relevant and interesting.	<input type="radio"/>				
Course material was well-organized and easy to understand.	<input type="radio"/>				

C. Teaching Effectiveness

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The teacher explained concepts clearly.	<input type="radio"/>				
The teacher encouraged class participation.	<input type="radio"/>				
The teacher was available and approachable for help outside class.	<input type="radio"/>				

D. Assignments & Assessments

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Assignments helped me understand the material better.	<input type="radio"/>				
Tests and quizzes reflected the material taught.	<input type="radio"/>				
Feedback on my work was helpful and timely.	<input type="radio"/>				

E. Classroom Environment

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The classroom atmosphere was respectful and inclusive.	<input type="radio"/>				
I felt comfortable sharing my ideas in this class.	<input type="radio"/>				

F. Overall Experience

What did you like most about this course?

What could be improved in this course?

Any additional comments or suggestions?

Submit Evaluation