

## Student Feedback Form 2016 / 2017

**Course Name:** TO BE SPECIFIED BY INSTITUTE ADMINISTRATIVE STAFF

**Term:** TO BE SPECIFIED BY INSTITUTE ADMINISTRATIVE STAFF

**Why did you choose to enrol at Dublin Institute of Design? (Tick all that apply)**

Course Content       Qualification       Price       Location   
 Recommendation from current/former student       Other

**How would you rate this course as a whole? Please tick**

Excellent       Good       Fair       Poor

**How would you evaluate the overall quality of teaching?**

Excellent       Good       Fair       Poor

**Assess how the course met your expectations:**

Fully       Mainly       Partially       Not at all

**Please place an X in the appropriate box in relation to particular aspects of the course.**

	Excellent	Good	Fair	Poor	N/A
Standard of Presentation					
Course Content					
Computer Performance					
Handouts / Notes					
Class Room & Facilities					
Discussion, Participation					
Practical Sessions					

**What were the high points and the low points of the course for you?**

**High Point:**

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**Low Point:**

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**Would you recommend this course to someone else?    Yes     Maybe     No**

**Please give your suggestions for improving the course, and/or a testimonial, in the space provided below. Feel free to use the other side of the page if you wish.**

Dublin Institute of Design is committed to the success of all our students. Your constructive comments will help us to improve the learning experience of our students.  
**If you wish to give your name you are welcome to do so. Your replies will be treated in the strictest confidence either way.**

**Signature:** \_\_\_\_\_      **Print Name:** \_\_\_\_\_      **Date:** \_\_\_\_\_