

Feedback
LEARNER SELF-ASSESSMENT

NAME

DATE

How satisfied were you with this week's lessons? (Circle one number.)

1	2	3	4	5	6	7
very						very
dissatisfied						satisfied

What was the high point of your week in class?

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What things made you satisfied or dissatisfied?

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What could be changed by the teacher to make these lessons better for you?

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What could you do to make these lessons better for you?

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Do you have any special questions you would like to ask, or have answered in next week's lessons?

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Is there anything else you would like to say?

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