

E-learning Form No EL 7.1 (a)



FEEDBACK FROM STUDENTS

<u>(In</u>	struction: Ple	ase attach a s	sheet wherever ne	<u>ecessary</u>	<u>)</u>						
Student's Name :											
Pa	rent's Name :										
Na	ame of School	:			C1	lass					
					Date of report :						
1.	Do you find E Yes		No								
2.	Please give reasons for enjoying or not enjoying the E-learning classes										
3.	How often is t ☐ 1 day a w	_	device used for your 3 days a week		Once in 2 weeks		Other (Please mention)				
4.	What subjects ☐ Science ☐ Other (Pl	do you like m are ase mention)	ost? Maths		History		Geography				
5.	Does the teach Yes	-	ne system? No								
6.	i. Before	days of school E Installation of	f E-learning								
	□ 1 day/we	ek 🗖	3 days/ week		5 days/week		Other (Please mention)				
		installation of ek \Box	E-learning 3 days/ week		5 days/week		Other (Please mention)				
7.	Do you understand the subjects taught in E-learning device?										
	□ Yes	•	No								
8.	Which type of class do you like attending more?										
	Only Teacher Instructed Class				Teacher instructed class with the support of the E-learning software						
	In 2 to 5 lines,	, please explain	n your response.								



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9. Which type of class helps you learn better?									
Only Teacher Inst	ructed Class		Teacher instructed class with the support of the E-learning software						
In 2 to 5 lines, please explain your response.									
Overall Assessment of the E-learning Facility:									
	Very Good	Good	Poor	Can't Say					
Videos									
Voice Clarity									
Picture Quality									
Activities									
Exercises									
(Signature of the Stude									