



# FEEDBACK FROM STUDENTS

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*(Instruction: Please attach a sheet wherever necessary)*

Student's Name : \_\_\_\_\_

Parent's Name : \_\_\_\_\_

Name of School : \_\_\_\_\_ Class \_\_\_\_\_

Date of report : \_\_\_\_\_

1. Do you find e-learning classes interesting?  
 Yes                       No
2. Please give reasons for enjoying or not enjoying the e-learning classes
3. How often is the E-learning device used for your class?  
 1 day a week       3 days a week       Once in 2 weeks       Other (Please mention)
4. What subjects do you like most?  
 Science               Maths                       History                       Geography  
 Other (Please mention)
5. Does the teacher supervise the system  
 Yes                       No
6. Your average days of school attendance
  - i. Before Installation of e-learning  
 1 day/week       3 days/ week       5 days/week       Other (Please mention)
  - ii. After installation of e-learning  
 1 day/week       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 your response.



# E-learning

Form No EL 7.1 (a)

9. Which type of class helps you learn better?

Only Teacher Instructed 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 Student)