



Feedback Form

Title of the STC: _____

Dates of the STC: _____

Name of participant (optional): _____

A. Please rate the following (on a scale of 0-5):

- | | | |
|--|--------------------------|---------------------------------------|
| 1. Academic Contents, organization & Selection of Topics
Comments: | <input type="checkbox"/> | (Useless-0, Innovative-5) |
| 2. Overall quality of Lecture Notes/Handouts/Examples:
Comments: | <input type="checkbox"/> | (Routine-0, Interesting and useful-5) |
| 3. Overall quality of Theory Lectures
Comments: | <input type="checkbox"/> | (Poor-0, Excellent-5) |
| 4. Lab Demonstrations/Practice sessions:
Comments: | <input type="checkbox"/> | (Poor-0, Excellent-5) |
| 5. Question/Answer/Discussion encouraged:
Comments: | <input type="checkbox"/> | Poor-0, Excellent-5) |
| 6. Administration and Logistics:
(Boarding, Lodging, Food etc.) Comments: | <input type="checkbox"/> | (Poor-0, Excellent-5) |

B. Please tick the appropriate response:

1. Have you found the STC useful?
 Strongly Yes Yes Neutral No Strongly No
2. Will you recommend this STC to your colleagues?
 Strongly Yes Yes Neutral No Strongly No
3. Your overall assessment of the STC:
 Waste of time Visit to exotic location Career compulsion Useful No comments

C. Final remarks & suggestions for improvement:

Signature (Optional)