Feedback form 3

Date of direct observation:

Name of person collecting the feedback:

Date feedback collected (if different from above):

Thank you for completing this form. We ask you to tell us about the student, and how they are working with you, so that the student can learn about things they are doing well, and areas they need to work on.

Please mark the emoji that best captures how you feel.

Do you know who the student is (their name and what they do for a job)?		(
	Yes	No	
Do you know why the student came to see you?		(
	Yes	No	
Did the student listen to you?		(
	Yes	No	
How easy was it to understand what the student was saying			
to you?			
	Easy	OK	Hard
How easy was it to talk with the student?	Faces	• OK	Hard
Is there envilling you went the student to know about you	Easy	OK	Hard
Is there anything you want the student to know about you or about the meeting you had with them?			
Student's name:			
Stadent S name.			