

## **Student Feedback Form**

| Student's Name:   |  |     |    |
|---|--|-----|----|
| Student ID:   |  |     |    |
| Date of Birth:  |  |     |    |
| Qualification Name:   |  |     |    |
| Melbourne College of Business and Technology welcomes your feedback as one way of improving our course.<br>Students are encouraged to provide feedback as part of our continuous improvement process for training and<br>assessment. Information provided on this form is used for evaluation of our assessment systems and processes.<br>Information you provide is <b>confidential</b> and helps us better serve our students |  |     |    |
| Please tick Yes or No for the questions below:  |  | Yes | No |
| Did you receive information about these assessments prior to the due date?  |  |     |    |
| Were the instructions to these assessments clear and easy to understand?  |  |     |    |
| Did you understand the purpose of this assessment?  |  |     |    |
| Were you advised of the unit's assessment criteria prior to being assessed?   |  |     |    |
| Were you advised of the process of this assessment?   |  |     |    |
| Was your trainer/assessor professional throughout this process of assessment?   |  |     |    |
| Did you feel the assessment outcome was accurate?   |  |     |    |
| Did the resources assist you with the outcome?  |  |     |    |
| Did you receive feedback about your assessment?   |  |     |    |
| If you answered no to any of the above questions are you aware of the appeals process?  |  |     |    |
| Student Signature:  |  |     |    |
| Date :  |  |     |    |