



## Student Feedback Form

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