

# Evaluation Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

| <i>Now I can</i>                                                                   | <i>Yes</i>            | <i>Maybe</i>          | <i>No</i>             |
|------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| Understand the key concepts and materials covered in the course.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Apply the knowledge and skills learned in the course to practical situations.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participate in course discussions, activities, and assignments.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collaborate well with classmates during group activities or discussions.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Approach and solve problems or challenges encountered during the course.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Express clearly my ideas and understanding in written assignments and discussions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thank you for your valuable feedback!



*BEE COURSE*