

# 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*