

COURSE FEEDBACK FORM – THE LANGUAGE INSTITUTE EDINBURGH

Name of Student		Date	
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Please give us your opinion about our school and your course. All information will remain confidential but we will use the information to improve our school and the service we offer.

Please tick ✓ a box

Unsatisfactory	Satisfactory	Good	Very Good	Excellent
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Your lessons

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Your teacher(s)

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The school

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School facilities

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Cleanliness of the school

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Helpfulness of staff

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Computers / internet access

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Any other comments on the school and / or you lessons?

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