London College of Ayurvedic Medicine (LCAM)
Learner Feedback & Course Evaluation Form

Course Title: _____
Date: _____
Learner Name (optional): _____
Please rate the following aspects of the course:

Area	Excellent	Good	Satisfactory	Needs Improvement
Course content and relevance	☐	☐	☐	☐
Quality of teaching	☐	☐	☐	☐
Learning materials/workbook	☐	☐	☐	☐
Opportunities for discussion and participation	☐	☐	☐	☐
Organisation and delivery	☐	☐	☐	☐
Achievement of learning outcomes	☐	☐	☐	☐

1. What did you find most useful about the course?

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2. How will you apply your learning in your professional practice?

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3. What could be improved?

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4. Any other comments or suggestions?

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5. Overall, how would you rate the course?
☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement
6. Would you recommend this course to a colleague?
☐ Yes ☐ No ☐ Not sure
Thank you for your feedback. Your feedback will be reviewed as part of our quality assurance and ongoing course improvement process.