



UNDERGRADUATE SKILL LABORATORY
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
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SKILL LABORATORY

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FEEDBACK FORM
UNDER GRADUATE SKILL LABORATORY

INSTRUCTOR'S NAME: _____ **MBBS Year:** _____

TOPIC:- _____ **DATE:-** _____

Use the Scale to answer the following questions.

1. Strongly Agree 2. Agree 3. Uncertain 4. Disagree

	1	2	3	4
The presenter was focused on topic.				
The presenter was adequate in terms of covering the topic.				
The presenter managed to capture your attention.				
The presenter has increased my knowledge.				
Material was adequate.				
Atmosphere was suitable.				
Practice session increased my skill.				

Comments. _____

Suggestions. _____