

Quality Assurance Cell / University of Kelaniya

**STUDENT FEEDBACK FORM – FIELD VISITS/FIELD PRACTICALS**

Field visit/practical session	: .....
Name of the Lecturer / Coordinator	: .....
Department	: .....
Relevant Course code and Title	: .....
Duration of the visit	: .....

Instructions: Please answer all questions by placing a '√' in the relevant box against each statement. The numbers 1-5 correspond to the statements are as follows:

**1** – Strongly disagree; **2** – Disagree; **3** – Neither agree nor disagree; **4** – Agree; **5** -Strongly agree

S/N	Statement	5	4	3	2	1
1	The aims, objectives, and learning outcomes of the field trip were explained prior to the visit					
2	The location selected was very appropriate to meet the learning objectives covered by the course module					
3	The instructions were helpful and informative					
4	The instructors were supportive during field visits					
4	I gained better knowledge upon which to base my decisions/actions in the practical setting					
5	I was able to improve my ability to work in a team					
6	I learned new approaches to my practice					
7	I gained specific knowledge that I can implement in my area of practice					
8	Field visit/field practical was very useful in experiencing real-world examples/applications					
9	Prior and post-visit discussions were very productive and effective					
10	The overall experience gained from the Field visit is quite good					

11. What did you like most about this field visit?

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12. If you have any other comments or suggestions, please state them below:

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**Thank you very much for your response.**