

## STUDENT FEEDBACK

**INSTRUCTIONS:** Use this IMT to evaluate training, student group or base support facilities and services. Use a separate IMT for each area being evaluated; i.e., do not comment on training and base support facilities on the same IMT.

COURSE NO	COURSE TITLE			PERIOD OF TRAINING FROM _____ TO _____		
NAME OF STUDENT <i>(Optional)</i>		GRADE	DATE	CLASS NO	SHIFT	SQUADRON
CRITIQUE ON <i>(Check one)</i> <input type="checkbox"/> TRAINING <input type="checkbox"/> SCHOOL SQ <input type="checkbox"/> BASE SUPPORT FACILITIES			TYPE OF CRITIQUE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP <input type="checkbox"/> ORAL-TYPE			
CRITIQUE REPLY REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS/TELEPHONE NUMBER <i>(For later contact, if critique reply is requested)</i>				
STUDENT COMMENTS <i>(Tell who, what, when, where, why and how) (Continue on reverse if necessary)</i>						
<b>FOLLOWUP ACTION TAKEN</b>						
TIME	DATE	METHOD OF STUDENT CONTACT				
SIGNATURE AND GRADE		TITLE			TELEPHONE NO	