

CLINIC Survey Form
Semester 1 AY2007/2008

NOTE: Completed form to be submitted either through email (refer below) or hardcopy to ECE General Office E4-05-48.
Attention: Ms Chua Hui Suan, Cindy (elechs@nus.edu.sg)

Name of Consultant on Duty : _____

Module Code / Title : _____

General description of problems encountered in the module :

How many times did you seek help at the clinic sessions?

| |
|----------|
| |
| Yes / No |

Is the number of clinic sessions sufficient?

Please circle the ratings using : 1 (Poor) 2 (Fair) 3 (Good) 4 (Very Good) 5 (Excellent)

| | | | | | |
|--|---|---|---|---|---|
| Did the GF help you to solve the tutorial problems? | 1 | 2 | 3 | 4 | 5 |
| Did the GF help you to better understand the materials in the lectures? | 1 | 2 | 3 | 4 | 5 |
| Was the GF competent in the subject? | 1 | 2 | 3 | 4 | 5 |
| Do you find the clinic sessions useful? | 1 | 2 | 3 | 4 | 5 |

If you find the clinic sessions useful, please elaborate in what way they were useful.

If you do not find the clinic sessions useful, please suggest ways of improving it.
