

Department of

Faculty of Health Sciences, OUSL

Online Course Evaluation Form

Name of the Degree Programme:

Online Course:

01. Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
02. Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
03. a). Which sector are you employed in?	Public sector <input type="checkbox"/>	Private sector <input type="checkbox"/>
b). In which field you are employed?	Education <input type="checkbox"/>	Business <input type="checkbox"/>
	Military <input type="checkbox"/>	Health relevant discipline <input type="checkbox"/>
	Other	
04. Which age range do you belong to?	18 – 24 years <input type="checkbox"/>	25 – 39 years <input type="checkbox"/>
	40 – 59 years <input type="checkbox"/>	60 years and above <input type="checkbox"/>
05. Which device(s) did you use to access the supplementary/online course?	Computer/laptop <input type="checkbox"/>	Smartphone <input type="checkbox"/>
	Tablet <input type="checkbox"/>	Other <input type="checkbox"/>
06. How frequently did you log in to the supplementary/online course?	Every day <input type="checkbox"/>	Weekly <input type="checkbox"/>
	Bi-weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Other	
07. Was the interface of the course easy to read and navigate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
08. Was the content provided in the supplementary course easy to understand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
09. Have you had any prior learning on the content material?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so how?		
10. If no, please explain which sections were difficult to understand and why?		
11. Were the activities incorporated in the course helpful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

12. Were extra learning resources relevant to course content provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Were the links provided in the course?	Relevant: Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Available: Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Working: Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Did you receive timely and relevant feedback for the activities/assignments in the course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Was the instructions provided for each of the activities and resources were helpful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Was it easy to contact the course coordinator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Was the academic support received sufficient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Were the number of assignments for the course manageable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No" tell us why?		
19. Was the information regarding course delivery, assignments provided on time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. If you have any further comments or suggestions please write them here.		