



Ref. No.....
(Office use only)

**Off Campus Field Visit Evaluation Form
Sabaragamuwa University of Sri Lanka**

Please fill-in this evaluation form so that field visits during the semester would be properly evaluated. Please do this individually. Your genuine evaluation is highly appreciated and this will help improve the quality of field visits. This feedback information will be kept strictly confidential.

Section 01

Degree Programme	
Year and Semester	
Course Title(s) and Code(s)	
Name of Lecturer(s)	Rev. /Prof./Dr./Mr./Ms.
Place(s) of Field Visits	
Date(s) of Visits	
Date of Evaluation	

Section 02

Please read the following statements and circle the most appropriate answer for each statement.

Serial No.	Evaluation Criteria	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a	The field visit was timely conducted.	5	4	3	2	1
b	The visit was well organized.	5	4	3	2	1
c	The location selected was appropriate to meet the stated objectives.	5	4	3	2	1
d	The lecturer /resource person discussed subject matter during the visit.	5	4	3	2	1
e	The lecturer/ resource person was responsive to students' questions during the visit.	5	4	3	2	1
f	The lecturer/ resource person encouraged student participation.	5	4	3	2	1
g	The visit was useful to strengthen the knowledge gathered in lectures.	5	4	3	2	1
h	This field visit was useful for my skills enhancement.	5	4	3	2	1
i	This field visit was useful to develop positive attitudes in the subject area.	5	4	3	2	1

Please tick the most appropriate answer for each statement.

	Evaluation Criteria	Yes	No
j	Aims and objectives of the visit were explained prior to the visit.		
k	A relevant lecturer accompanied the students.		

1	The overall grading of the visit:	5	4	3	2	1
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5 – Very good, 4 –Good, 3 – Satisfactory, 2 –Poor, 1 - Very Poor

Please make other comments about the field visit(s) if any, in the space provided below.

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Thank you for your valued evaluation.

Compiled by: Internal Quality Assurance Unit – Sabaragamuwa University of Sri Lanka

Email: igau@ser.sab.ac.lk