**Elective Programme Feedback Form**

Please give us your feedback on your elective experience. Your opinion is vital for us to improve our elective programme for future students.

Discipline/s of the elective attachment:

From: to Duration: weeks

Name of the supervisor/s:

Name of the elective coordinator:

1. How did you first learn about our elective program? (select from the list below) :

|  |  |
| --- | --- |
| Referral from a friend/personal contact: |  |
| Web Search: |  |

|  |  |
| --- | --- |
| Student who went there: |  |
| Other: |  |

1. Please mark the appropriate score for the following items:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Satisfactory** | **Unsatisfactory** | **Neutral** | **Any other comments** |
| Achievement of learning objectives |  |  |  |  |  |
| Clinical exposure |  |  |  |  |  |
| Supervision by the clinical teachers |  |  |  |  |  |
| Assistance by the elective coordinator |  |  |  |  |  |
| Support of the Sri Lankan students |  |  |  |  |  |

1. What did you enjoy most during your,

**Elective attachment/s?**

**Stay in Sri Lanka?**

1. What were the difficulties/problems faced during your,

**Elective attachment/s?**

**Stay in Sri Lanka?**

1. In your opinion, what changes could improve our elective programme?

1. Would you recommend this elective to other dental students? YES / NO
2. Please feel free to add any further comments in the space provided below.

**Thank you very much for your cooperation!**

Dean

Faculty of Dental Sciences

University of Sri Jayewardenepura

Gangodawila, Nugegoda,

Sri Lanka.