

FACULTY OF SCIENCE, EASTERN UNIVERSITY SRI LANKA

INTERNAL QUALITY ASSURANCE CELL

**FIELD VISITS**

Course Number and Title .....

Date and Time.....

**Instructions:**

Please answer all questions by circling one out of numbers 1 -5 against each statement.

The number 1 - 5 correspond to the statement:

**5** - Strongly agree, **4** – Agree, **3** - Neither agree nor disagree, **2** – Disagree, **1** - Strongly disagree

a. The field visit was timely.

1	2	3	4	5
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b. The visit was well organized.

1	2	3	4	5
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c. The location selected was appropriate to meet the stated objectives.

1	2	3	4	5
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d. The visit was useful to strengthen knowledge gathered in lectures.

1	2	3	4	5
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e. Aims and objectives of the visit was explained at the beginning.

1	2	3	4	5
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f. A teacher accompanied the students.

1	2	3	4	5
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g. The Teacher/Resource Person discussed subject matter during the visit.

1	2	3	4	5
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h. The Teacher/Resource Person was responsive to student questions during the visit.

1	2	3	4	5
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i. The Teacher/Resource Person encouraged student participation.

1	2	3	4	5
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j. I recommend this field visit to be continued.

1	2	3	4	5
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**The overall grading of the visits:**

1	2	3	4	5
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**Any other comments:**

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