**The feedback to students about their performance**

**Course :**…… ……………………………… **Code:**........ ………………………………………………………………

**Level:**……………………………………….**Year/ semester:**… …………………………………………………………

**Date:**… ……………………**Course instructor:**....... ………………………………………………………

**N.B :**

**-** if any action taken/required please inform the student’s academic advisor.

- please specify continues assessment used methods( quiz, seminar, others ) and the quizzes number if more than 1.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Student name** | **Continues assessment**  | **Mid term Written exam** | **Midterm practical exam****\*if applicable** | Student signature |
| **Performance (Marks)** | **action taken**  | **Performance (Marks)** | **action taken**  | **Performance (Marks)** | **action taken**  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |