Post-STM Feedback Form

Dear Students,

It was a pleasure having one-to-one talks with you during our Student-Teacher Meetings. These sessions have truly helped us get to know you better, and we hope you felt the same way.

We would love to hear your thoughts and feedback. This form can be filled out anonymously or with your name. Please share how your STM experience was—did it make you feel good, relaxed, important, and heard? Any other feedback you have is also welcome.

Personal Information:

1. Full Name (Optional): : _____

2. Class/Grade: : _____

STM Experience:

3. How did the STM make you feel? (You can choose more than one):

- ☐ Good
- ☐ Relaxed
- ☐ Important
- ☐ Heard

4. Was there anything specific you enjoyed about the STM?

5. Do you have any suggestions for improving the STMs in the future?

6. Any other feedback or comments you would like to share:

Thank you for sharing your thoughts. Your feedback is valuable to us and will help us improve our future Student-Teacher Meetings.