



East Zone Centre of Excellence for Teaching and Learning (EZ COE T&L) Feedback Form

Mr/Ms/Mrs/Mdm/Dr: _____ (Full Name)

Designation: _____ School: _____

Email Address: _____

I have the following enquiry/feedback:

I would like to recommend the following course/topic/speaker:

**Please include links or more information on the course/topic/speaker in your write-up.*

I would like to conduct a sharing session at the EZ COE T&L:

**Please attach a synopsis of your sharing.*