

Students' Feedback Form

Academic year Semester Date of feedback

Branch: year: I/II/III

Name of Faculty:

Subject/Paper Taught:

Percentage of Classes attended:

Excellent	Very Good	Good	Average	Below Average
5	4	3	2	1

A

1	Ability to bring conceptual clarity and promotion of thinking ability by teacher	
2	Motivation provided	
3	Teacher's Communication Skill	
4	Teacher's Regularity and Punctuality	
5	Teacher's Subject Knowledge	
6	Completion and Coverage of course	
7	Teacher's Nature and character	
8	Teacher interaction and guidance outside of the class	
9	Innovative method of teaching	
10	Teacher's overall performance	

B

Sl. No.	Points	Yes	No	No Comments
1	Made the subject/learning interesting			
2	Would you recommend him/her to teach the same paper to your juniors			
3	would you recommend him/her to teach you any other paper			
4	In your opinion is this syllabus is adequate			

C.

a	What are the strengths of the teacher?	
b	What is the areas weakness in teacher?	

c	Any other suggestion (regarding curriculum, subject/(s), faculty)	

D

Sl No.	Points	Very Good	Good	Average	Poor	Very Poor
1	Academic content					
2	Interaction with faculty					
3	Interaction with administration					
4	Library facilities					
5	Computer facilities					
6	Hostel facilities					
7	Recreational facilities					
8	Extra-curricular activities					
9	Sports facilities					

Signature of student