STUDENT’S FEEDBACK FORM

(To be used by institutions)

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Year: |  | Name of the Faculty |  |
| Course |  | Semester |  |
|  |  | Date of feedback |  |

For getting filled in through student

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Description | Very Poor | Poor | Good | Very Good | Excellent |
| (1) | (2) | (3) | (4) | (5) |
| 1. | Has the Teacher covered the entire Syllabus as prescribed by University/ College/ Board? |  |  |  |  |  |
| 2. | Has the Teacher covered relevant topics beyond syllabus |  |  |  |  |  |
| 3 | Effectiveness of Teacher in terms of:  (a) Technical content/course content  (b) Communication skills  (c) Use of teaching aids |  |  |  |  |  |
| 4. | Pace on which contents were covered |  |  |  |  |  |
| 5 | Motivation and inspiration for students to learn |  |  |  |  |  |
| 6. | Support for the development of Students’ skill  (i) Practical demonstration  (ii) Hands on training |  |  |  |  |  |
| 7 | Clarity of expectations of students |  |  |  |  |  |
| 8 | Feedback provided on Students’ progress |  |  |  |  |  |
| 9 | Willingness to offer help and advice to students. |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |

Name of student:

Signature of student :

Rollno: