Form No. QAC-01

**Departmental Quality Assurance & Collaboration**

**Teacher’s Evaluation Form**

(to be filled by the student)

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your level of satisfaction by assigning a number to each of the following statements as given below:**

**1. Highly Unsatisfied 2. Unsatisfied 3. Uncertain 4. Satisfied 5. Highly Satisfied**

|  |  |  |
| --- | --- | --- |
|  | Statements | Score |
| 1 | The teacher distributed the course plan well in time for the current semester |  |
| 2 | The course plan contained objectives, topics, course learning outcomes and grading policy |  |
| 3 | The teacher was punctual |  |
| 4 | The teacher communicated the subject matter clearly and effectively and solved sufficient examples. |  |
| 5 | The teacher encouraged class participation |  |
| 6 | The teacher was fair in marking exam papers |  |
| 7 | The teacher showed all marked quizzes, assignments etc in reasonable amount of time |  |
| 8 | The teacher was available for consultation during the specified visiting hours |  |
| 9 | The teacher encouraged students to use library resources to supplement learning of course topics |  |
| 10 | The teacher covered all topics as given in the course plan |  |
| 11 | The teacher clearly indicated those questions which were meant for CLO evaluation |  |
| 12 | The teacher encouraged innovative thinking |  |
| 13 | You want to be taught by this teacher in the next semester |  |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_