



## EXISTING STUDENT FEEDBACK FORM FOR FACULTY

Note:

- This form is to be filled only by the Present students of the University .
- Please do not write your name or roll number on the form
- Please fill only once for one teacher, even if he has taken more than one subjects
- The information provided by you will be kept confidential and will be used only for student participation in quality enhancement.

Name of the Teacher : \_\_\_\_\_ Subject : \_\_\_\_\_

Course : \_\_\_\_\_ Semester : \_\_\_\_\_ Year : \_\_\_\_\_

I. Using the rating scale below, please tick that best value that expresses your opinion.  
(1- Very Good, 2-Good, 3-Satisfactory, 4-Unsatisfactory)

		Very Good	Good	Satisfactory	Unsatisfactory
1.	The teacher completes the entire syllabus in time				
2.	The teacher has subject knowledge				
3.	The teacher communicates clearly and inspires me by his/her teaching				
4.	The teacher is punctual in the class				
5.	The teacher comes well prepared for the class				
6.	The teacher encourages participation and discussion in class				
7.	The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.				
8.	The teacher's attitude towards students is friendly & helpful				
9.	The teacher is available and accessible in the Department				
10.	The evaluation done by teacher is fair and unbiased				

(i) Comments / Suggestions for the teacher \_\_\_\_\_

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DATE : 

D	D	M	M	Y	Y	Y	Y
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