



FEEDBACK FORM FOR TEACHER EVALUATION BY STUDENTS

Name of the Department

Branch..... Session..... Semester.....

Name of teacher: Subject taught with Code:

Total number of lectures delivered by teacher in the session/semester:

Number of classes attended by the student filling the form with percentage.....

(If the student filling the form has less than 50% attendance he/she is requested not to fill the form.)

IN THE FOLLOWING TABLE TICK (✓) THE APPROPRIATE CHOICE FOR EACH POINT.

Rating →		(Below Avg.)	(Avg.)	(Good)	(Very Good)	(Excellent)
Subject ↓						
A.	TIME SENSE					
1.	Punctuality in the Class					
2.	Regularity in taking Classes					
3.	Completes syllabus of the course in time					
4.	Scheduled organization of assignments, class test, quizzes and seminars					
B.	SUBJECT COMMAND					
5.	Self-confidence					
6.	Communication skills					
7.	Teaching the subject matter					
C.	HELPING ATTITUDE					
8.	Helps student in providing study material which is not readily available in the text books say through e-resources, e-journals, reference books, open course wares etc.					
9.	Helps students in realizing career goals					
10.	Helps students in realizing their strengths and developmental needs					
Total (A+B+C)						

Additional Remarks (If any):.....
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