

5101

INTERNAL QUALITY ASSURANCE CELL (IQAC)
FEEDBACK FORM

Name of the Department/Institute

Class.....

Session.....

Semester.....

Name of teacher:

Subject taught & Course No.....

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 75% attendance he/she is requested not to fill the form.)

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

Rating	→	(Below Avg.) 1	(Avg.) 2	(Good) 3	(Very Good) 4	(Excellent) 5
Subject	↓					
1.	Punctuality in the Class					
2.	Students' attendance/ presence in the class of teacher who is being evaluated					
3.	Completes syllabus of the course in time					
4.	Scheduled organization of assignments, class test, quizzes and seminars					
5.	Focus on Syllabi, Self-confidence, Communication skills					
6.	Conducting the classroom discussions					
7.	Refers to latest developments in the field					
8.	Uses of teaching aids Innovative teaching methods (Projector/Blackboard /PPT's)					
9.	Helps students irrespective of gender, culture/background					
10.	Helps students in realizing career goals					
11.	Helps students in realizing their strengths and developmental needs					
12.	Regular checking of laboratory log books/ note books					
13.	Availability of teacher in the laboratory for whole duration of laboratory hours					
14.	Follows open ended approach for conducting the experiments					
15.	Control mechanism in effectively conducting the class					
16.	Inspires students for ethical conduct					
17.	Acts as a role model					
	Total					

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

Name of the Student

Session

Class

Semester

Roll No.

Date:

Signature of the student