

## Student Feedback Form

**	College Name:
*	Course Name :
*	Department:
*	Academic Year :
*	Semester:
*	Faculty Name:
*	Subject:
*	Questionnaire pertaining to teacher:

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The teacher prepares lecture notes for students in the beginning of semester					
The teacher regularly checks up class attendance					
The teacher arrives on time and leaves on time					
The teacher is always well prepared for each class					
The teacher demonstrates good knowledge of the subject					
The teacher delivers the subject matter effectively with clarity and coherence					
The teacher is responsive to questions					
The teacher is sensitive to student problems					
The teacher completes the whole course					
The teacher provides additional material apart from the textbook					
The teacher shows respect towards students and encourages class participation					
The teacher makes best use of multimedia tools for effective teaching					



	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The teacher is fair in grading					
Does the teacher help students in realizing career goals					
Self-confidence of teacher					
Communication skills of teacher					

**	In totality	how you	grade the	teacher:
----	-------------	---------	-----------	----------

Outstanding	
Very Good	
Good	
Average	
Poor	

*	Student Name:		
<b>*</b>	Student Sign:		
*	Remarks by Head of Department / institution :		
	•		
		Sign :	
<b>*</b>	Remarks / Justification by Concerned Teacher:		
	•		
		Sign :	