



## **FEEDBACK FORM FOR STUDENTS ABOUT THE** **TEACHERS**

Dear students,

This form has been designed to seek feedback from you to strengthen quality of teaching learning and Environment and to improve the performance of the teachers. The information provided by you will be confidential.

### **DIRECTIONS:**

For each item please indicate your level of agreement with the following statements by selecting appropriate option.

1. The entire syllabus is completed in time.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

2. The teachers are punctual and regular in taking lectures and practical.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

3. The teacher are always prepared for the class.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

4. The teachers encourage participation and discussion in class.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

5. The teacher's attitude towards the students is friendly and helpful.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

6. The teachers are available & accessible in the department after lecture timings.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

7. Attendance record of the students is maintained by the teachers.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

8. The evaluation process is fair and unbiased.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

9. The teacher's guide the students for overall personality development of the students.

Strongly Agree  Agree  Disagree  Strongly Disagree  Not Sure

Students Name: \_\_\_\_\_

Students Sign \_\_\_\_\_

Course: \_\_\_\_\_

Academic year: \_\_\_\_\_

Suggestions if any: \_\_\_\_\_

Submitted to: \_\_\_\_\_