

FEEDBACK FORM FOR TEACHER EVALUATION BY STUDENTS (Year: 20 - 20)

Name of the Student _____

Class: FY/ SY/ TY/ MSc 1/ MSc 2/ PGD-F/ PGD-C Signature: _____

Rating: 5 = excellent, 4 = very good, 3 = good, 2 = average, 1 = below average. Tick (✓) the answer that fits with your experience of this teacher for each item.

SN.	Questions ↓	Teacher's Name →																	
1.	Punctuality in the class																		
2.	Timely completion of syllabus																		
3.	Conducting regular assignments/class tests, etc.																		
4.	Preparedness of teacher																		
5.	Subject Knowledge & delivery of content																		
6.	Student friendliness of teacher																		
7.	Interactive teaching - learning																		
8.	Class control																		
9.	Consistency in maintaining discipline																		
10.	Behavior with other faculty in presence of students																		
11.	Mentoring students																		
12.	Teacher as a role model for me.																		

Thank you for taking time to think through the items carefully and write down your thoughts honestly.