



D P VIPRA COLLEGE, BILASPUR (C.G.)

Student' Feedback Form

(Department wise)

Name: Mr. / Ms. / Mrs. _____

Father's Name: _____

Age (Year): _____ Sex (M/F): _____ Contact No.: _____

Address: _____

Class: _____ Subject combination: _____ Session: _____

Rate each attribute of the teacher by rating 1 - 4 in the of format as per your assessment of the teacher' performance on a five point scale like -

4: Very Good, 3: Good, 2: Average/Satisfactory 1: Poor

Sl. No.	Attributes	Teacher's code or Name of the Department of			
		A.....	B.....	C.....	D.....
1	Organization and preparedness of the class				
2	Promptness in conducting classes				
3	Appropriate use of different teaching aids (chalkboard, ppt., poster, model etc)				
4	Clarity in presentation				
5	Communicate effectively				
6	Well concept of the course contents in depth				
7	Recommends additional learning resources (books, Journals, websites etc)				
8	Provides timely feedback on student's performance				
9	Creates comfortable learning environment for the students				
10	Encourage extracurricular activities				
11	Provides assistance and counseling on the subject and is available for after class consultation				
12	Interact and encourage students to ask question/ participation				
13	Maintains discipline in the class				
14	Sweet spoken and well behavior				
15	As a role mode				
TOTAL POINT					

Suggestions / Comment (if any): -

1.
2.
3.
4.
5.

Place: _____ Date: _____

Signature