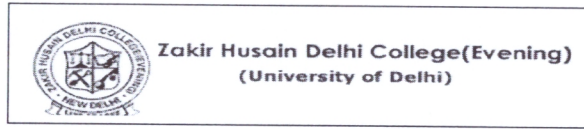


Student Feedback Form On Teachers

Course: _____

Department: _____



Semester / Term / Year : _____

Please rate the teachers on the following parameters using the 5 –point scale shown below:

Scale	1	2	3	4	5
Experience	Below Average	Average	Good	Very Good	Excellent

Parameters	Paper No.	Paper No.	Paper No.	Paper No.	Paper No.	Paper No.	Paper No.	Paper No.
	1. Knowledge base of the teacher (as perceived by you)							
2. Communication skills (in terms of articulation and comprehensibility)								
3. Sincerity / Commitment of the teacher (in terms of preparedness and interest in taking classes)								
4. Interest generated by the teacher in the class								
5. Ability to integrate course material with environment / other issues, to provide a broader perspective								
6. Accessibility and availability of the teacher in the department for academic consultations								
7. Initiative taken in formulating topics/ tests/assignments/examinations / seminars and projects								
8. Regularity in taking classes								
9. Completion of the course in a thorough and satisfactory manner								
10. Fairness in evaluating student performance and awarding grades.								
11. Overall rating (Please leave this blank)								

Approved
ms