Teacher's Feedback

1. Name of the faculty: ………………………..........
2. Name of the Department:………………………………………………….
3. Academic session:………………..………………..

4. What classes are you teaching? Are you satisfied with the ongoing syllabi?

S.No	Class and Subject	Satisfied/dissatisfied	Any Suggestion for improvement

5. Is the current syllabi :
    a) Focuses upon the skill development of the student?(Yes/No)
    b) In Sync with industrial requirements and current trends?(Yes/No)
6. Sufficient in providing employment opportunities to students?(Yes/No)
7. Do you feel that the present infrastructure (class room, laboratories, equipments and supplies and ICT facilities) enhance and support the teaching aspects of current curriculum? (Yes/No)
8. Do you feel that is enough academic flexibility to make changes in syllabi/curriculum?(Yes/No)

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