

STUDENT'S FEEDBACK QUESTIONAIR

Name of the college: _____

Student Details

Name of the student (optional) _____

Telephone No. (Optional) _____

E-Mail Id (Optional) _____

Academic Session _____

Year: _____

Class: _____

Department Details

Name of the Teacher _____ Subject _____

Please take a time to help your teacher to improve himself/herself by filling up the following feedback form as accurately as possible without any type of bias.

s.no	Statement	Average	Good	Very good	Out standing
1.	The teacher is punctual				
2.	I am satisfied with style of presentation of the teacher				
3.	Understanding of the subject matter				
4.	The teacher is very much cooperative in class				
5.	Teacher makes the subject /learning more interesting				
6.	The teacher encourage the students to ask question				
7.	Interest/motivation is generated by the teacher.				
8.	Overall rating about the teacher.				

9. Additional comments: any grievances/suggestion etc. Please feel free to express:

Signature of the student