

Rajendra Memorial Women's College

Feedback Form of Teacher Evaluation by Students

NAME OF DEPARTMENT:.....

Name of the Teachers :.....

1. Name of the Student:..... 2. Class:.....

3. Semester/Year: 4 Subject:.....

Directions:

For each item please indicate your level of agreement with the following statement by choosing a [√]Score between 1 and 5. A Higher score indicates a stronger agreement with the statement. Rating: (5) Excellent (4) Very Good (3) Good (2) Average (1) Below Average

		1	2	3	4	5
1	The Teacher cover the entire syllabus					
2	The teacher discusses topic in detail					
3	The teacher possesses deep knowledge of the subject taught					
4	The teacher communicates clearly					
5	The teacher inspires me by his/her knowledge in the subject					
6	The teacher punctual to the class					
7	The teacher engages the class for the full duration and completes the course in time					
8	The teacher comes fully prepared for the class					
9	The teacher provides guidance counseling in academic and non-academic matter in/outside the class					
10	The teacher encourages participation and discussion in class (Teacher-Student, student-student)					
11	The teacher encourages and values disagreement					
12	The teacher uses modern teaching aids/gadgets, harldouts, suggestion of references, PPT, web resources (Any other)					
13	The teacher Pays attention to academically weaker students as Well					
14	The teacher relates the course material with real world Situations					
15	The teacher's attitude toward the students was friendly and Helpful					
16	If any other remarks-					

Signature : _____