## **DBCOP**: Student Feedback Form: Student Evaluation of Faculty

Semester / Yr:	Month / Year:
Semester / Yr:	Month / Year:

**Note: 1.** Do not reveal your identity anywhere in this feedback form. **2.** Take enough time to fill the feedback form. Fill the feedback form carefully understanding each parameter. **3.** Data collected through this feedback form shall be used to improve teaching-learning quality. **4.** Feedback should be given in presence of Principal.

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## Mark against each item using the following parameters wherever applicable.

Excellent = [E] 5 Marks, Very Good = [V] 4 Marks, Good = [G] 3 Marks, Satisfactory = [S] 2 Marks, Unsatisfactory = 1 Mark [U]

S. N.	Particulars					I	-			I							
14.		E (5)	V (4)	G (3)	S (2)	U (1)		E (5)	V (4)	G (3)	S (2)	U (1)	E (5)	V (4)	G (3)	S (2)	U (1)
01	Depth of Subject Knowledge.																
02	Quality of Lecture Content (Notes and Other related study material)																
03	Communication Skills, Body Language, and Language Command.																
04	Punctuality and Syllabus Coverage.																
05	Quality of Assignments given.																
06	Assessment / Evaluation.																
07	Enthusiasm about teaching.																
08	Accessibility to students for individual / group discussion outside the class hours at all times.																
09	Innovations and creativity used while explaining the concepts.																
10	Behavior with students.																
11	Leadership Qualities.																
12	Opportunities provided for asking questions in the class.																
13	Other comments.																

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S.	Particulars																
N.		E	V	G	S	U	E	V	G	S	U		E	V	G	S	U
		(5)	(4)	(3)	(2)	(1)	(5)	(4)	(3)	(2)	(1)	(	(5)	<b>(4)</b>	(3)	(2)	(1)
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