

The Technological Institute of Textile & Sciences, Bhiwani

STUDENT'S FEEDBACK FORM

Date: -----

(To be used by Institution)

Academic Year:		Name of the Faculty:	
Semester:		Course Name:	
		Date of the Feedback:	

To be filled in through student

S. No.	Description	Very Poor	Poor	Good	Very Good	Excellent
		(1)	(2)	(3)	(4)	(5)
1	Has the Teacher covered entire Syllabus as prescribed by University					
2	Has the Teacher covered relevant topics beyond syllabus					
3	Effectiveness of Teacher in terms of:					
	(a) Technical content/course content					
	(b) Communication skills					
	(c) Use of teaching aids					
4	Pace on which contents were covered					
5	Motivation and inspiration for students to learn					
6	Support for the development of Students' skill					
	(i) Practical demonstration					
	(ii) Hands on training					
7	Clarity of expectations of students					
8	Feedback provided on Students' progress					
9	Willingness to offer help and advice to students.					
10	Skill of linking subject to life experience & creating interest in the subject.					
	Total					
Grand Total						
Student Feedback on the scale of 25						