

Student Feedback Form

Course Name:

Session:

Please provide your honest evaluation of the course you have completed.

A. Standard of Training (Please tick ✓ the appropriate box)

Factor	Grade				
	Excellent	Very Good	Good	Satisfactory	Poor
Meeting the course objective					
Practical work					
Assessment system					
Planning of the programme (Course Calendar)					
Implementation of the programme					
Seminar/Workshop/Discussions					
Design and review of syllabus					
Courseware					
Library facility					
Subscription of magazines for library					
Classroom environment					
Availability of computers for practice (if applicable)					
Services rendered by administrative staff					
Infrastructure					
Placement facilities					

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B. Faculty Evaluation

(Please score the faculty members on a scale of 1 to 10, where 1 = Poor and 10 = Excellent)

Factor	Name of Faculty				
Delivery of Subject					
Use of audio-visual aids					
Use of web-based training modules (if applicable)					
Classroom exercises					
Tutorials/ tests/ assignments conducted during the course.					
Practical demonstration					
Making the course interesting					
Adherence to schedule					
Motivating the students					
Focus on individual students					
Cooperation with students and parents.					
Response to questions					
Impartiality in evaluation					
Feedback on performance					

General Observations / Suggestions:

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Please mention any other comments for improvement of the course:

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Date: