

TEACHERS' FEEDBACK FORM

for course curriculum

*Required

1. 1. Name of the faculty *

2. 2. Employee ID *

3. 3. Email ID *

4. 4. Mobile Number *

5. 5. Name of the College

6. 6. Name of the Department_ *

7. 7. Highest qualification/ Specialization *

8. 8. Experience (Year) *

9. 9. Adequacy of the curriculum *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

10. 10. Opportunity for developing skills in the curriculum *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

11. 11. Depth of the curriculum *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

12. 12. Availability of instructional hours *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

13. 13. Easy availability of study materials *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

14. 14. Relevance of the course for providing employability *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

15. 15. Worth of syllabus in catering to the needs of industry/society *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

16. 16. Provision of inculcating students' creativity in the curriculum *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

17. 17. Comfortability in teaching the entire syllabus within the specified time frame *

Mark only one oval.

- a. Poor;
- b. Average;
- c. Good;
- d. Very Good;
- e. Excellent.

18. 18. Any suggestion

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