P.N. DAS COLLEGE
IQAC
STUDENTS FEED BACK FORM

1. Name of the Teacher :
2. Class   : B.A./B.Sc./B.Com. (H/G)   Year: 1st/2nd/3rd Year
3. Session   :   Department:

Directions:

For each item please indicate your level of agreement with the following statement by marking ☐ a score between 1 and 5. A Higher score indicates a stronger agreement with the statement.

	Below Avg	Avg	Good	Very Good	Exce llent
	1	2	3	4	5

A. COURSE CONTENT:

1. The teacher covers the entire syllabus : ☐ ☐ ☐ ☐ ☐

2. The teacher discusses topics 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 : ☐ ☐ ☐ ☐ ☐

B. TEACHING- LEARNING PROCESS

6. The teacher is 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 matters in/out side 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, handouts, 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 : ☐ ☐ ☐ ☐ ☐

C. EVALUATION PROCESS

16. Periodical assessments were conducted as per schedule : ☐ ☐ ☐ ☐ ☐

17. The teacher uses non-traditional methods of evaluation like Quiz, Seminars, Assignments, Class room presentation/participation (Any other) : ☐ ☐ ☐ ☐ ☐

18. Question paper covers all the topics in the Curriculum : ☐ ☐ ☐ ☐ ☐

19. The teacher was fair and unbiased in the evaluation Process : ☐ ☐ ☐ ☐ ☐

20. Overall Rating of the Teacher : In my view the teacher has professional competence and is a role model : ☐ ☐ ☐ ☐ ☐

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STUDENTS FEED BACK FORM ON ADMINISTRATION

LIBRARY

1. How often do you visit the Library   Regular/Occasionally/Never

2. Are the required number of titles in your
   Subject available in the Library   Yes / No

3. Are you satisfied with the cataloguing and
   arrangement of books in the Library   Yes / No

4. Are you satisfied with the available
   Reading space in the Library   Yes / No

5. Are the Library Staff co-operative and
   helpful   Yes / No

6. Are you able make use of Xerox facility
   in the Library   Yes / No

INTERNET CENTRE

7. Are you able to access Internet Centre as
   and when you require   Yes / No

8. Are you making use of educational online
   resources   Yes / No

9. Are there enough number of nodes
   Available in the Internet Centre   Yes / No

10. Are the Net centre staff co-operative
    and helpful   Yes / No

ADMINISTRATION

11. Do you receive the Mark statements in time   Yes / No

12. Are there enough clean class rooms
available in the college   Yes / No

13. Are the toilets cleaned properly   Yes / No

14. Does the college have purified
drinking water facility   Yes / No

15. Are you happy with the food served
in the present canteen   Yes / No

16. Are you making use of Grievance Redressal
Box Services in the college   Yes / No

17. Do you think that your grievances are
Redressed properly   Yes / No

18. Are you aware of the functioning of
a Career Counselling cell in the college   Yes / No

19. Are the Lab. Equipments in proper
working conditions   Yes / No

20. Are you provided with adequate quantity
of chemicals and specimen for carrying out
Lab. activities   Yes / No

21. Are you aware of the "Earn While you Learn"
Scheme in the college   Yes / No

22. Do you avail any Scholarship/Stipend from
The college   Yes / No

(Please cut along the dashed line and deposit it separately)

Name of the Student: ....

Name of the Department: ....

Name of the Teacher who has been evaluated: ....

Session: Class: Year: Roll:

Date: **Signature of the Student**