Dattatray Govindrao Walse Patil College,

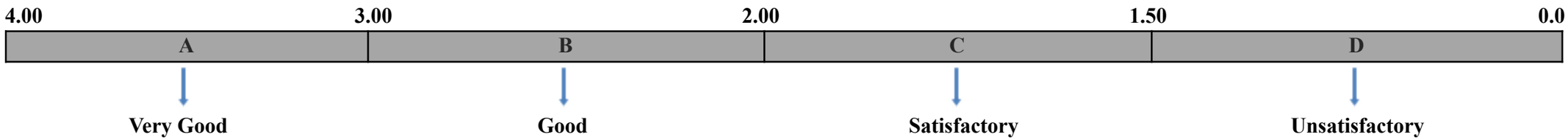
Pargaon Tarfe Awsari, Pune

Student Feedback Form On Teachers
Questionnaire No. 2

Programme : _____

Department : _____ Semester / Term / Year : _____

Please rate the teachers on the following parameters using the 4 –point scale shown (A, B , C, D):



Parameters	TEACHERS NAME *(in initial)*									
	Name (Initial) 1	Name (Initial) 2	Name (Initial) 3	Name (Initial) 4	Name (Initial) 5	Name (Initial) 6	Name (Initial) 7	Name (Initial) 8	Name (Initial) 9	Name (Initial) 10
1. Knowledge base of the teacher (as perceived by you)										
2. Communication skills (in terms of articulation and comprehensibility)										
3. Sincerity / Commitment of the teacher (in terms of preparedness and interest in taking classes)										

Parameters	Name (Initial) 1	Name (Initial) 2	Name (Initial) 3	Name (Initial) 4	Name (Initial) 5	Name (Initial) 6	Name (Initial) 7	Name (Initial) 8	Name (Initial) 9	Name (Initial) 10
4. Interest generated by the teacher in the class										
5. Ability to integrate course material with environment / other issues, to provide a broader perspective										
6. Accessibility and availability of the teacher in the department for academic consultations										
7. Initiative taken in formulating topics/ tests/assignments/examinations / seminars and projects										
8. Regularity in taking classes										
9. Completion of the course in a thorough and satisfactory manner										
10. Fairness in evaluating student performance and awarding grades.										
11. Overall rating (Please leave this blank)										

Below 50% - US - D / 50% - 70% - C / 70% - 85% - B / 85% & above – A

Format adapted from NAAC Manual