

Student Feedback Form: Appraisal of Teachers by Students

Name of Teacher:

Department:

1. Were the classes held regularly: Yes/ No/ Moderately
2. Was the teacher punctual? Yes/ No/ Moderately
3. Were the topics clear after her classes? Yes/ No/ Moderately/ Poor
4. Behaviour with students: Very Good/ Good/ Average/ Poor
5. Syllabus coverage before Test Exams: Complete/ Almost Complete/ Partial
6. Availability for syllabus-related discussion beyond normal classes: Yes/ No
7. Encourages class discussions and questions: Yes/ No
8. Teaching method: Notes only/ Lectures only/ Both