



Amritsar Group of Colleges, Amritsar

(Autonomous College | NAAC 'A' Grade)

(Approved by All India Council of Technical Education, New Delhi)

(Approved by Pharmacy Council of India, New Delhi)

ANNEXURE – II

STUDENT'S FEEDBACK FORM

Academic Year:		Name of the Faculty:	
Course:		Semester:	
		Date of the feedback:	

For getting filled in through student

Sr. No.	Description	Very Poor	Poor	Good	Very Good	Excellent
		(1)	(2)	(3)	(4)	(5)
1.	Has the Teacher covered entire Syllabus as prescribed by University/ College/ Board?					
2.	Has the Teacher covered relevant topics beyond syllabus					
3.	Effectiveness of Teacher in terms of:					
	(a) Technical content/course content					
	(b) Communication skills					
	(c) Use of teaching aids					
4.	Pace on which contents were covered					
5.	Motivation and inspiration for students to Learn					
6.	Support for the development of Students' skill					
	(i) Practical demonstration					
	(ii) Hands on training					
7.	Clarity of expectations of students					
8.	Feedback provided on Students' progress					
9.	Willingness to offer help and advice to students.					
Total						

Signature of Student: _____

Date: _____