



Student's Feedback Form

Name of the Teacher-

College -

Department -

Subject -

Sl. No.	Feedback Statement	1 (Poor)	2 (Average)	3 (Good)	4 (Very Good)	5 (Excellent)
1	Punctual to the class					
2	Covers the entire syllabus on time					
3	Lecture Content					
4	Communication skills					
5	Guidance and counselling in academic and non-academic matters					

Specific Feedback (if any) : .....

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