

Form No:	STUDENT FEEDBACK FORM- At the end of semester (Refers to the requirement of NBA outcome based indirect assessment criterion)	Review Date:
Semester End : _____		
Student name:	Faculty Name :	
Roll No.:	Course Title :	
Department :	Course Code :	
School :	Theory/Tut./Prac.:	
Batch :		

A) FACULTY FEEDBACK

S. No	AREAS	Excellent	Very good	Good	Marginal	Low
1	COMMUNICATION AND PRESENTATION USING TECHNOLOGY					
Justify above						
2	DEPTH OF DISCUSSION AND PROBLEM SOLVING THROUGH EXAMPLES					
Justify above						
3	CLASS INTERACTION AND PARTICIPATION					
Justify above						
4	OUT OF CLASS CONSULTATION					
Justify above						
5	FAIR EVALUATION OF TESTS AND ASSIGNMENTS					
Justify above						
6	CORELATION BETWEEN THEORY AND PRACTICAL APPLICATIONS					

Justify above						
7	OVERALL FEEDBACK ON ATTITUDE, PUNCTUALITY AND INSPIRATION					
Justify above						
8	Any other feedback?					

B) COURSE FEEDBACK - Give details to support your answer

S. No	Questions
1	Is the course useful and delivers on achievement of program outcomes?
2	Is the course contemporary and meets the aspirations for learnings?
3	Is there a sufficient course material available in Library, LMS etc.?
4	Are the practical/workshops/case studies and industrial visits adequate?

C) FEEDBACK ON EXAMINATION - Give details to support your answer

S. No.	Questions
1	Were the question papers adequately formed as per syllabus?
2	Were the questions relevant to meeting course outcomes?
3	Were the questions a mix of short questions, questions on domain knowledge and application of knowledge?
4	Was the evaluation of papers satisfactory?
5	Was the internal evaluation done satisfactorily?

D) Any other suggestion:

Signature of student