

COLLEGE OF ARTS & CRAFTS , PATNA

Academic Feedback Form

NAME OF DEPARTMENT:.....

Name of the Teachers :.....

1. Name of the Student:..... 2. Class:.....

3. Semester/Year: 4. Subject:.....

5. Email Id:

Directions:

For each item please indicate your level of agreement with the following statement by choosing a [v]Score between 1 and 5. A Higher score indicates a stronger agreement with the statement.

		1	2	3	4	5
1	The Teacher cover the entire syllabus					
2	The teacher discusses topic in detail					
3	The teacher possesses deep knowledge of the subject taught					
4	The teacher communicates clearly					
5	The teacher inspires me by his/her knowledge in the subject					
6	The teacher punctual to the class					
7	The teacher engages the class for the full duration and completes the course in time					
8	The teacher comes fully prepared for the class					
9	The teacher provides guidance counseling in academic and non-academic matter in/outside the class					
10	The teacher encourages participation and discussion in class (Teacher-Student, student-student)					
11	The teacher encourages and values disagreement					
12	The teacher uses modern teaching aids/gadgets, douts, suggestion of references, PPT, web resources (Any other)					
13	The teacher Pays attention to academically weaker students as Well					
14	The teacher relates the course material with real world Situations					
15	The teacher's attitude toward the students was friendly andHelpful					
16	If any other remarks-					

Signature : _____

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GENERAL ADMINISTRATION FEEDBACK FORM

Name of the Student:.....Department:.....

Class/Course :.....Roll No.:.....Session.....

- | | |
|---|----------|
| 1. Is the office helpful in administrative matters. | Yes / No |
| 2. Do you receive the mark statements in time. | Yes /No |
| 3. Are there enough clean class rooms available
In the Department. | Yes /No |
| 4. Are the toilets Cleaned properly. | Yes / No |
| 5. Are you provided with enough drinking water. | Yes / No |
| 6. Are you happy with the food served in the present
Canteen. | Yes / No |
| 7. Do You think that your grievances are redressed | Yes / No |
| 8. Are You aware of the functioning of a Placement
Cell in your college. | Yes / No |
| 9. Are the Lab. Equipments are in proper working
Conditions. | Yes / No |
| 10. Are you provided with adequate quantity of
chemicals and specimen for carrying out
Lab. Activities. | Yes / No |
| 11. Do you avail any scholarship from the University | Yes / No |
| 12. Are you a beneficiary of free education scheme
Of your university. | Yes / No |
| 13. If any Others-..... | |
| | |
| | |

Signature: _____

COLLEGE OF ARTS & CRAFTS , PATNA

FEEDBACK FORM

LIBRARY

Name of the Student:.....Department:.....

Class/Course :Roll No.:.....Session.....

- | | |
|---|----------------------------|
| 1. How often do you visit the library. | Regular/Occasionally/Never |
| 2. Are the required number of titles in
Your subject available in the library. | Yes / No |
| 3. Are you satisfied with the cataloguing and
arrangement of books in the library. | Yes / No |
| 4. Are you satisfied with the available Reading
Space in the Library. | Yes / No |
| 5. Are the library staff co-operative and Helpful. | Yes / No |
| 6. Are you able to make use of Xerox facility in
the library. | Yes / No |
| 7. Are ICT facilities available. | Yes / No |
| 8. Are you able to use of e – resources facility in
Library. | Yes / No |

8. If any Others-.....

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Signature: _____