

Government College of Arts and Science, Aurangabad.

FEEDBACK FORM FOR THE STUDENTS 2019-20

Name of student:

Class:

Roll No.

Part – I

***Faculty Members***

1. Teacher teaches perfectly.( )
2. Content of lecture is understandable.( )
3. Teacher is through in his/her subject/topic.( )
4. Teacher Satisfy my difficulties.( )
5. Teacher is considerate towards the students.( )
6. Teacher able to answer my questions.( )
7. Teacher understands student's psychology in good manners.( )

Part – II

***About the Institution***

1. Infrastructure of classes is good.( )
2. Laboratory facilities are good.( )
3. Office staff is helpful with students.( )

***KEY***

**1. No 2. Good 3. Better 4. Best**

Name of Faculty:-

Subject:-

*Handwritten signature*  
Dr. Syed Ahsan