

TEACHERS FEEDBACK FORM

DR KANAILAL BHATTACHARYA COLLEGE

2018-2019

1. Name of the Teacher:

2. Department:

3. E-mail:

	QUESTION	RESPONSE (Please tick the option)
1	How far the current teaching plan of your department is satisfactory?	<input type="radio"/> Well planned <input type="radio"/> Need update and modification
2	Do you use ICT enabled methods in teaching?	<input type="radio"/> Yes <input type="radio"/> Sometimes <input type="radio"/> Never
3	Do you explain course outcome and programme outcome to your students?	<input type="radio"/> Regularly <input type="radio"/> Sometimes <input type="radio"/> Never
4	Do you follow a mechanism to identify the weaknesses of your students and help to overcome them?	<input type="radio"/> Every time <input type="radio"/> Occasionally <input type="radio"/> Never
5	Do you participate in Departmental meetings to monitor and review the teaching learning process?	<input type="radio"/> Regularly <input type="radio"/> Occasionally <input type="radio"/> Never
6	Do you encourage your students to participate in various extra-curricular activities?	<input type="radio"/> Yes <input type="radio"/> No
7	Are you satisfied with the books and journals available in College Central Library?	<input type="radio"/> Highly satisfied <input type="radio"/> Not satisfied
8	Please give one suggestion for betterment of the college as a whole.	

Signature with date: