

TEACHERS FEEDBACK FORM
DR KANAILAL BHATTACHARYA COLLEGE
Academic Session: 2021-2022

1. Name of the Teacher:

2. Department:

3. E-mail:

	QUESTION	RESPONSE (Please tick the option)
1	How far effective is the current teaching plan of your department?	<input type="radio"/> Effective <input type="radio"/> Not effective
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 to your students?	<input type="radio"/> Regularly <input type="radio"/> Sometimes <input type="radio"/> Never
4	Do you explain programme outcome to your students?	<input type="radio"/> Regularly <input type="radio"/> Sometimes <input type="radio"/> Never
5	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
6	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
7	Do you encourage your students to participate in various extra-curricular activities?	<input type="radio"/> Yes <input type="radio"/> No
8.	Do you provide study materials to your students?	<input type="radio"/> Yes <input type="radio"/> No
9	Are you satisfied with the books and journals available in College Central Library?	<input type="radio"/> Highly satisfied <input type="radio"/> Satisfied <input type="radio"/> Not satisfied
	Please give two suggestions for betterment of your Department. 1. 2.	
	Please give two suggestions for betterment of your college. 1. 2.	

Signature with Date: