Teacher's Feedback Form IQAC, MANUU

Name:

Department:

Designation:

Course(s) taught:

- 1. Did you devise the courses that you taught? Yes/no
- 2. How do you wish to revise the courses that you taught?
- 3. Did you cover the entire syllabus in the courses that you taught ? Yes/No
- 4. Which ICT tool or technique did you employ for rendering the courses?
- 5. How do you evaluate the class/students that you taught?
- 6. Any other comment that you wish to make about course content, methodology, students etc.