



### **BEARYS INSTITUTE OF TECHNOLOGY**

Approved by AICTE, New Delhi, Recognised by Govt. of Karnataka Affiliated to Visvesvaraya Technological University, Belagavi, Karnataka (Accredited by NAAC)

Lands End, Innoli, Near Mangalore University, Mangaluru, Karnataka - 574199

### FACULTY FEEDBACK BY STUDENTS

Academic Year:	
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#### **Note:**

The objective of this questionnaire is to get constructive feedback for improving the performance of your teacher. Your response will assist the teachers in their endeavor to strengthen all aspects of teaching.

Answer all points being sincere and without being influenced by others.

The feedback given by you will be purely for academic importance. Your identity will be kept confidential. Kindly go through each question carefully and give the most suitable answer out of given choice.

ľ			Faculty Name in subject order										
			Rating	1	2	3	4	5	6	7	8	9	10
	1	How do you find the preparation made by your teacher for the class?	4)Excellent 3)Good 2)Aveage 1)Poor	4	3	2	4	4	3	4	3	3	3

S.No	Subject name with code	Faculty Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		





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Indicate your response by writing the corresponding number (1–4) in the space provided												
		Faculty Name in subject order										
		Rating	1	2	3	4	5	6	7	8	9	10
1	How do you find the preparation made by your teacher for the class?	4)Excellent 3)Good 2)Average 1)Poor										
2	How do you rate your teacher on the following attributes? i)Subject Knowledge											
	ii)Sincerity	4)Excellent 3)Good 2)Fair 1)Poor										
	iii) Punctuality and effective use of class time											
	iv)Communication skills v)Presentation skills											
	vi)Motivational skills											
3	Can you hear the lecture clearly?	4)Very Clearly 3)Clearly 2)Somewhat clearly 1)Not at all clear										
4	Does your teacher use the Black/White board and other audio visual aids in the class?	4)Always 3)Often 2)Sometimes 1) Never										
5	Does your teacher encourage clarification of doubts/ questions?	4)Always 3) Most of the times 2)Sometimes 1)Not at all										





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6	Do you feel portions will be completed	4)Yes										
	on time?	3)Partially										
		2)No										
		1)Can't say										
7	Do you feel that your teacher is	4) No										
	favored/ biased towards some	3) Can't say										
	students?	2) Partially										
		1) Yes										
8	Does your teacher give practical	4)Yes										
	examples/ illustrations in the class?	3)Sometimes										
		2)Rarely										
		1)Not at all										
9		4) 5										
9	How do you rate the teacher's ability	4)Excellent										
	to maintain discipline and create a	3)Good										
	positive learning environment?	2)Fair										
		1)Poor										
10	Given a chance for you to choose	4)Certainly										
	would you like him/her to be your	3)Almost Certain										
	teacher in the next semester too?	2)Not sure										
		1)Preferably Not										
	Average Score (4)											
	Average score (4)											
			•	•							'	
Name	Name, USN & Signature of the student(OPTIONAL):											