

RASHTRAMATA INDIRA GANDHI ARTS, COMMERCE & SCIENCE COLLEGE JALNA.
STUDENT FEEDBACK FORM

(20 - 20)

Name of the student : _____

Class : _____

Contact No. _____ Email ID : _____

Name of the Teacher : _____

Semester /Year/ Professional: _____

Department:

	Yes	No
1. Do you enjoy studying _____ : (Subject)		
2. Do you like your teachers' style of teaching?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you think the teachers need to improve their teaching method?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do your teachers make use of recent technology while teaching?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your teachers complete the syllabus in time?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you get enough time to prepare for the examination?	<input type="checkbox"/>	<input type="checkbox"/>
7. What do you like most in your subject? Ans: _____		
8. What do you find most difficult to understand in you subject? Ans: _____		
9. Do your teachers take special effects to solve your difficulties in the subject?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you teachers guide you regarding career opportunities in the subject?	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature