

LALA LAJPATRAI INSTITUTE OF MANAGEMENT

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*Required

Email *

Your email address

STUDENTS FEEDBACK FORM

Academic Year *

Choose



Course *

Your answer

Name of the Faculty *

Choose



Semester *

I

III

Date the Feedback *

Date

dd/mm/yyyy

1. Very Poor || 2. Poor || 3. Good || 4. Very Good || 5. Excellent

1. Has the Teacher covered entire Syllabus as prescribed by University / College *
/ Board?

Very Poor

1

2

3

4

5

Excellent



2. Has the Teacher covered relevant topics beyond syllabus *

Very Poor

1

2

3

4

5

Excellent

3. Effectiveness of Teacher in terms of: *

a) Technical Content/Course content

Very Poor

1

2

3

4

5

Excellent



b) Communication skills *

Very Poor

1

2

3

4

5

Excellent

c) Use of teaching aids *

Very Poor

1

2

3

4

5

Excellent



4. Pace on which contents were covered *

Very Poor

1

2

3

4

5

Excellent

5. Motivation and Inspiration for students to learn *

Very Poor

1

2

3

4

5

Excellent



6. Support for the development of Students skill *

a) Practical Demonstration

Very Poor

1

2

3

4

5

Excellent

b) Hands on Training *

Very Poor

1

2

3

4

5

Excellent



7. Clarity of expectations of Students *

Very Poor

1

2

3

4

5

Excellent

8. Feedback provided on Students Progress *

Very Poor

1

2

3

4

5

Excellent



9. Willingness to offer help and advice to Students *

Very Poor

1

2

3

4

5

Excellent

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