Student's Feed Back Form and Feedback
Summary for the Session................

Student's Name (Optional):-_____   Teacher Name_____

Standard /Class :-_____ ;   Total No. of respondent_____

Subject:-_____

9– The best you have ever seen; 8–Excellent; 7 –Very good; 6 – Just met your expectations;   5 – Average;
4 – Below expectations; 3 –Poor; 2 –Very poor; 1 – The worst you have ever seen.

Parameters	Ratings(Put a tick mark)								
	1	2	3	4	5	6	7	8	9
Punctuality									
Accessibility/Availability									
Sincerity									
Discipline/Behavior									
Time devotion									
Power of explanation									
Subject knowledge									
Method of teaching									
Completion of syllabus									
Practice & revision									
Tests and evaluation									
Professionalism									
Nature and character									
Your over all experience									

.1) Did your teacher solve your queries/difficulties on time? _____
(Solved every time, Solved but some time late, Solved but always late, did not solveSome time, never solved)
2) Did your teacher make the subject/learning more interesting?_____
(Always, many times, Some times, Rarely, Never)
3) Could your teacher inspire or make you work hard for better results?_____
(Always, many times, Some times, Rarely, Never)
4) Did your teacher satisfy your curiosity?_____
(Always, many times, Some times, Rarely, Never)
5) Will you study with your teacher again in future?_____
(Surely, May be, I will think, Never)
6) Did your teacher make you more confident?_____
(Surely, May be, I don't know, No)
7) Do you think your interaction with your teacher will contribute toyour development/growth in future?_____
(Surely, May be, I don't know, No)
8) How do you feel about your teacher?_____
(I love him, I respect him, I admire him, He is my friend, nothing special about him, I like him, I don't like him, I hate him)
9) Two things you like the most in him

i_____

ii_____

10) Anything else or suggestions etc. feel free to express _____