

Institute Academic Quality Assurance Cell
Academic (Teaching and Learning)
Faculty Feedback (Lecture / Lab Course)

(Date to be completed by: Within a week after end of classes in the semester)

Faculty Name: _____ Department: _____
Course Name: _____ Course Code: _____
Semester: _____ Year: _____
Batches: _____ Class Strength: _____

1. Project Based Learning Components in the course:
2. Any specific requirement of tool/software/hardware to be addressed: Yes / No
3. Any specific infrastructure requirement in delivering the course content: Yes / No
4. Revisions/modification suggested for detailed course content: Yes / No
5. Any support required from peers for synchronising course delivery (for larger courses where team teaching is involved): Yes / No
6. How was the course received by the students (provide opinion based on following parameters)
Class attention (Good/ satisfactory/ unsatisfactory): G S U
Discipline (Good/ Satisfactory/ Unsatisfactory): G S U
Interactiveness (Good/ Satisfactory/ Unsatisfactory): G S U
7. Whether course materials and learning resources disseminated to students through Study Materials (SM):(mention file path on server):
8. Whether course file is maintained: Yes / No
9. Any changes in the course made this year: Yes / No
10. Is there a coherent alignment in course activities, assessments and content? Yes / No
11. Any difficulty faced during conduct of course and suggestions to overcome the difficulty:

(Name and Signature)