

## Feedback Inventory for Students

<b>Pt. Ravishankar Shukla University, Raipur</b>	
<b>Name of SoS/ Institute:</b>	
<b><u>Questionnaire – 1</u></b>	
Subject:	
Course/Program:	
Semester:	
Year:	
<b>1.</b>	<b>Depth of the course content including project work, if any</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>2.</b>	<b>Extent of coverage of course</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>3.</b>	<b>Applicability / relevance to real life situations</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>4.</b>	<b>Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>5.</b>	<b>Clarity and relevance of textual reading material</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>6.</b>	<b>Relevance of additional source material (Library)</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>7.</b>	<b>Extent of effort required by students (you) to cope with the course/ program</b>
	<input type="checkbox"/> None <input type="checkbox"/> Very less <input type="checkbox"/> Less <input type="checkbox"/> Maximum
<b>8.</b>	<b>Provision of sufficient time for feedback</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>9.</b>	<b>Overall rating</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

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<b>Name of SoS/ Institute:</b>	
<b><u>Questionnaire – 2</u></b>	
Student Feedback on Teachers (Separate for each Teacher, Please give only for those teachers who have taught you in this semester)	
Name of the Teacher:	
Name of the Course Taught:	
<b>1.</b>	<b>Knowledge base of the teacher (as perceived by you)</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>2.</b>	<b>Communication skills (in terms of articulation and comprehensibility)</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>3.</b>	<b>Sincerity / Commitment of the teacher</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>4.</b>	<b>Interest generated by the teacher</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>5.</b>	<b>Ability to integrate course material with environment / other issues, to provide a broader perspective</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>6.</b>	<b>Ability to integrate content with other courses</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>7.</b>	<b>Accessibility of the teacher in and out of the class (include availability of the teacher to motivate further study and discussion outside class)</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>8.</b>	<b>Ability to design quizzes / tests / assignment / examination and projects to evaluate students' understanding of the course</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
<b>9.</b>	<b>Overall rating</b>
	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

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<b>Name of SoS/ Institute:</b>	
<b><u>Questionnaire – 3 (for final year students only)</u></b>	
Students' overall Evaluation of Program and Teaching	
Name of the Teacher:	
Course/Program:	
Year:	
<b>1.</b>	<b>Your background for benefiting from the course was</b>
	<input type="checkbox"/> More than adequate <input type="checkbox"/> Just adequate <input type="checkbox"/> Inadequate <input type="checkbox"/> Cannot say
<b>2.</b>	<b>Was the course conceptually difficult to understand?</b>
	<input type="checkbox"/> Easy <input type="checkbox"/> Manageable <input type="checkbox"/> Difficult <input type="checkbox"/> Very difficult
<b>3.</b>	<b>Were you able to get the prescribed reading?</b>
	<input type="checkbox"/> Easily <input type="checkbox"/> With difficulty <input type="checkbox"/> Not at all <input type="checkbox"/> With great difficulty
<b>4.</b>	<b>well did the teacher prepare for class?</b>
	<input type="checkbox"/> Thoroughly <input type="checkbox"/> Satisfactorily <input type="checkbox"/> Poorly <input type="checkbox"/> Indifferently
<b>5.</b>	<b>How helpful was the teacher in advising?</b>
	<input type="checkbox"/> Helpful <input type="checkbox"/> Unhelpful <input type="checkbox"/> Sometimes helpful <input type="checkbox"/> Sometimes unhelpful
<b>6.</b>	<b>Was the teacher?</b>
	<input type="checkbox"/> Courteous <input type="checkbox"/> Rude <input type="checkbox"/> Indifferent <input type="checkbox"/> Strict
<b>7.</b>	<b>Was there any opportunity for personal interaction with teacher?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> To some extent <input type="checkbox"/> Nil <input type="checkbox"/> Cannot say
<b>8.</b>	<b>Was there any opportunity for small group work?</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> To some extent <input type="checkbox"/> Nil <input type="checkbox"/> cannot say
<b>9.</b>	<b>Were outside experts invited to address you?</b>
	<input type="checkbox"/> Yes, frequently <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, rarely <input type="checkbox"/> No
<b>10.</b>	<b>Did you visit industries, laboratories, banks located outside the university?</b>
	<input type="checkbox"/> Yes, frequently <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, rarely <input type="checkbox"/> No