Form D: Student Feedback, Follow-up Action Plan

Feedback for Teacher Evaluation Report

Academic Year : 2020

Module Name :

Teacher’s Name :

Module Number :

Please Fill the below table :

|  |  |  |  |
| --- | --- | --- | --- |
|  | Questions  | Student’s Evaluation (Average)  | Techer’s Feedback |
| 1 | The Teaching aids were used effectively during the lectur. | Satisfied  | Required attention  | Follow-up actions |
| 2 | The lecturer was punctual (start/stop lectures on time)  |  |  |  |  |
| 3 | The lecture was conducted at an acceptable speed.  |  |  |  |  |
| 4 | The lectures were clear and easy to understand. |  |  |  |  |
| 5 | The methods of teaching adopted were good.(lectures, discussions, presentations, tutorials, case studies etc.) |  |  |  |  |
| 6 | The lecturer encouraged to ask questions by students and discussed them |  |  |  |  |
| 7 | The classes were conducted as indicated in the time – table |  |  |  |  |
| 8 | The lecturer was confident in teaching the subject. |  |  |  |  |
| 9 | The lectures helped to improve knowledge.  |  |  |  |  |
| 10 | The course outline/syllabus given at the beginning was covered.  |  |  |  |  |
| 11 | **The overall grading of the course** |  |  |  |  |

**Evaluation Method (for questions 1-10) 5-** strongly agreed; **4** – Agreed; **3** - Neither agreed nor disagreed; **2** – Disagreed; and **I** – Strongly disagreed

**Evaluation Method (for Question II) 5** – Very good; **4** – Good; **3** – Satisfactory; **2** – poor; and **I** – Very Poor

Any other comments : (Please use back side) Signature and Date :