

**Teachers Evaluation Form (Form F)**  
**(To be filled by each Student at the time of Course Completion)**

*Please give us your views so that Course quality can be improved. You are encouraged to be frank and constructive in your comments*

College/Faculty		Degree/Diploma		Date	
Course Title:		Year of study:		Semester/ Term:	

**Key-1-5: 5 Star= Excellent, 4 Star=Very Good, 3 Star=Good, 2 Star=Average, 1 Star=Below Average**

S. No.	Attributes	Excellent	Very Good	Good	Average	Below Average
	<b>Knowledge</b>					
1	The teacher was knowledgeable and presented new knowledge which was easy to understand at my level.					
	<b>Assessment</b>					
2	Assessed my concepts during class through interactive discussion.					
	<b>Punctuality</b>					
3	The teacher was punctual throughout the course					
	<b>Attitude</b>					
4	The teacher encouraged class participation and showed respect toward students' queries & concerns.					
	<b>Availability</b>					
5	The teacher is approachable during the specified office hours for after-class consultations.					
<b>Comments (mandatory)</b>						