



SHILLONG COLLEGE

Boyce Road, Laitumkrah,
Shillong -793003

FEEDBACK FORM FOR STUDENTS

Stream: Section/Shift..... Honours: Semester:

Please rate each item wherever applicable as follows:

Rating: 5 - Excellent, 4-Very Good, 3- Good, 2- Average, 1- Below Average

Subject Name:	Rating	Remarks (if any)
(A) Course Contents :		
1. Has the Teacher (s) covered entire Syllabus as prescribed by University? (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)		
2. Has the Teacher covered relevant topics beyond Syllabus (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)		
3. Effectiveness of Teacher in terms of:		
i. Knowledge of the subject		
ii. Communication skills /clarity in explanation		
iii. Use of Non print teaching aids/ ICT		
iv. Availability beyond normal classes and co-operation to solve individual problems		
v. Pace at which contents were covered (<input type="checkbox"/> fast/ <input type="checkbox"/> moderate/ <input type="checkbox"/> slow)		
vi. Punctuality /Regular classes taken		
Vii. Provide resource materials		
4. How do you rate the contents of the Curriculum/syllabus? (<input type="checkbox"/> challenging/ <input type="checkbox"/> adequate/ <input type="checkbox"/> inadequate)		
5. How do you rate laboratory facilities, if applicable?		

	Rating	Problems face/Suggestions
1. Library facility		
2. Internet or Wi-Fi Facility		
3. Co Curricular activity (seminars, field trips, project, sports, debates, etc)		
4. Common Room Facilities		
5. Office administration		
6. Toilet/washroom facility		
7. Canteen facility		
8. Overall college atmosphere		
9. Any other suggestions or remarks:		

Name and Signature of the student (Optional)