CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY
Direct Feedback Form (Theory Course)
Academic Year: 20   - 20

Name of the Faculty and Department	
Name of the Program, Semester and Section	
Name of the Course (with code)	

Committee	Name of the Member
Member(1)-Nominated By the Principal	
Member(2) -Nominated By the Principal	
Member(3)-Respective Program/ Coordinating Head	

Metrics for Direct Feedback
The students are directed to rate the feedback score on a Scale of 1(Min) to 10 (Max)

Sl. No	Description/Parameter	Feedback Score
1.	Is the teacher punctual and regular to the classes?	
2.	Is the teacher audible and use ICT tools?	
3.	Does the teacher able to explain the concepts clearly?	
4.	Is the teacher enthusiastic in conducting the classes?	
5.	Does the teacher maintain discipline during the Theory classes?	
6.	Does the teacher provide quality assignments/slip tests?	
7.	Is the teacher impartial in Assessment & Evaluation of exams?	
8.	Does the teacher take the interest in clarifying the doubts?	
9.	Is the Syllabus Covered as per the lesson plan and COs?	
10.	Is the teacher facilitating industry/real time /competitive examples?	
	Total	
	Average Feedback Score on a scale of 10	

Any other relevant information :

Signature of the Member(1)   Signature of the Member(2)   Signature of respective
(Nominated by Principal)   (Nominated by Principal)   Program/Coordinating Head

PRINCIPAL