

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY

Direct Feedback Form (Lab Course)

Academic Year: 20 - 20

Name(s) 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 enthusiastic in conducting the Lab classes?	
3.	Does the teacher maintain discipline during the Lab classes?	
4.	Does the teacher demonstrate and explain Experiments?	
5.	Does the teacher evaluate regularly (CIE)?	
6.	Does the teacher take interest in interacting with the student while conducting the experiment?	
7.	Does the teacher correlate the theory with experiment(s)?	
8.	Is the teacher mapping the experiments with real-time/industry examples?	
9.	Does the teacher create awareness pertaining to latest technological trends/Experiments beyond the syllabus?	
10.	Is the Syllabus Covered as per the lesson plan and COs?	
Total		
Average Feedback Score on a scale of 10		
Any other relevant information :		

Signature of the Member(1)
(Nominated by Principal)

Signature of the Member(2)
(Nominated by Principal)

Signature of respective
Program/Coordinating Head

PRINCIPAL