Amar Sewa Mandal's

KAMLA NEHRU COLLEGE OF PHARMACY BUTIBORI-441 108, NAGPUR

Feedback Form for Teacher on Curriculum

You are requested to tick mark on the appropriate option for each of the following criteria for the assessment regarding curriculum from Teachers. If you feel you can't judge any of these parameters, leave it blank. In case you need to make any suggestions, please write the same in brief in the space provided at the end. The data will be utilized for making necessary changes.

cha	inges.				
1.	Name of the teacher:				
2.	Academic Year:				
3.	Department and Class (You are teaching):				
4.	How satisfactory is the syllabus to meet your teaching goals? Poor Fair Average Good Excellent				
5.	What is the relation between syllabus and industry standards /current scenarios and academics?				
	Poor	Fair	Average	Good	Excellent
	 6. What is the possibility to cover the syllabus timely in the mentioned number of hor Poor Fair Average Good Excellent 7. What is the availability of reference material and books for the topics mentione 				
,.	syllabus?				
	Poor	Fair	Average	Good	Excellent
8.	The existing methods mentioned in the syllabus for evaluation are for providing proper assessment?				
	Poor	Fair	Average	Good	Excellent
9.	Does the syllabus has applicability/relevance to real life situations.				
	Poor	Fair	Average	Good	Excellent
10.	The syllabus i Challenging	. Adequ	ate Inadequate	Dull	Irrelevant
11.		g is			
	Poor	Fair	Average	Good	Excellent
12.	Give suggesti	ons for improve	ement		
Name (of the evaluato	r:		Signa	ature of evaluator