

RAJOKARI INSTITUTE OF TECHNOLOGY
RAJOKARI, NEW DELHI -110038
Feedback Form For Teachers

Branch: _____

Semester: _____

Session-August 2018-December- 2018

Description		*Rating				
Name of the Subject						
Name of the Teacher						
1.	Quality of Teaching					
2.	Communication Skills					
3.	Understanding of Subject					
4.	Confidence					
5.	Content Delivery					
6.	Syllabus coverage					
7.	Query / Doubt solving capabilities					
8.	Practical Knowledge					
9.	Interest creation					
10.	Any suggestion for the teachers					

*Please give rating between 1 to 5 depending on the basis of teacher's performance (1 is the minimum and 5 is the maximum).

Signature
(optional)