

# VIDHI MAHAVIDYALAYA, SAMASTIPUR

(Under L.N. Mithila University, Darbhanga)

## STUDENTS' FEEDBACK (TEACHER EVALUATION)

This questionnaire is intended to collect information relating to your satisfaction towards the faculty, teaching, learning and evaluation. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

Name of the Teacher			
Programme		Course	
Year		Session:	

### **Directions:**

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – neither agree nor disagree, 4 – agree, 5 – strongly agree)

Sl. No.	Questionnaire	1	2	3	4	5
1	The teacher completes the entire syllabus in time.					
2	The teacher discusses topics and interact in the class					
3	The teacher communicates clearly and inspires me by his teaching.					
4	The teacher is punctual in the class.					
5	The teacher comes well prepared for the class.					
6	The teacher encourages participation and discussion in class.					
7	The teacher uses modern teaching aids, handouts, suitable references, power point presentation, web-resources, etc.					
8	The teacher's attitude towards the students is friendly & helpful.					
9	The teacher is available and accessible in the Department.					
10	The evaluation process is fair and unbiased.					
11	Regular and timely feedback is given on our performance.					
12	Periodical assessments are conducted as per schedule.					
13	I have learnt and understood the subject material/s in this course.					
14	Any other comments:					

Signature of the student

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## STUDENTS' FEEDBACK

This questionnaire is intended to collect information relating to your satisfaction towards facilities and services provided for creating conducive atmosphere for teaching and learning. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

Name of the Student			
Programme		Course:	
Year		Session:	

### Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – neither agree nor disagree, 4 – agree, 5 – strongly agree)

Sl. No.	Questionnaire	1	2	3	4	5
1	The prescribed books/reading materials are available in the library/ seminar.					
2	Reading room and common room are available in the faculty/college building.					
3	Available reading space in library/seminar is satisfactory.					
4	The library/seminar staff are cooperative and helpful.					
5	Photocopying facility in the library/Department is available and satisfactory.					
6	Internet facilities are available in the department.					
7	Online educational resources are available and accessible.					
8	The office staff in the department are helpful.					
9	Results and attendance records are displayed on time					
10	Toilets/washrooms are hygienic and properly maintained.					
11	Clean drinking water is available in the department and on the campus.					
12	Grievances/problems are redressed/solved well in time.					
13	The functioning of the placement cell(s) in the college/department is satisfactory.					
14	Equipment in the lab(s) are in working condition.					
15	The campus is green and eco friendly.					
16	The buildings/classrooms are accessible to differently abled persons.					
17	The classrooms are clean and well maintained.					
18	The campus has adequate power supply.					
19	Any other comments:					

Signature of the student

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## ALUMNI FEEDBACK FORM

We shall be thankful to and appreciate you, if you can spare some of your valuable time to fill up this feedback form and give us your valuable suggestions for further improvement of the Institute. Your valuable inputs will be of great use to improve the quality of our academic programs and enhance the credibility of the Institute. Hence your feedback on Institute will help us to improve our approach in Academics.

Name of the Alumni	
Degree	
Course	LL.B.
Passing Year	

### Professional Details

Organization Name	
Designation	
Joined Year	

**Dear Alumni, Please give your overall assessment of our Institute academics. Please rate us on following criterion: (VG- Very Good, G-Good, A- Average, S-Satisfied, UN-Unsatisfied)**

Sr.	Details	VG	G	A	S	UN
1	Admission Procedure					
2	Fee structure					
3	Environment					
4	Infrastructure & Lab facilities					
5	Faculty					
6	Project Guidance					
7	Quality of support material					
8	Training & Placement					
9	Library					
10	Canteen Facilities					
11	Hostel Facilities					
12	Overall Rating of the University					
13	Alumni Association/ Network of Old Friends					

**Please suggest any skills you want our Institute should focus on for grooming of students.  
All of you suggestion are welcome.**

**Suggestions:**

**Relevance of curriculum in your Job:**

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**Need any change in curriculum and syllabus:**

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**Improvements in teaching and learning Process:**

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**Any other suggestions/comments:**

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Signature