STUDY VAULT
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FEEDBACK PERFORMA

SERIAL NUMBER

0	1	2	3	4	5	6	7	8	9
O	O	O	O	O	O	O	O	O	O
O	O	O	O	O	O	O	O	O	O

Signature:_____

Class. :_____ Name of Faculty:_____ Subject:_____

Keeping in mind the level of satisfaction, rate the faculty member on a scale of 1 to 5, with respect to following evaluation parameters. (1 - Not Satisfactory, 2 - Satisfactory, 3 - Good, 4 - Very Good and 5 - Excellent)

Q. No.   EVALUATION PARAMETER

Q. No.	EVALUATION PARAMETER	1	2	3	4	5
1.	Communication Ability	O	O	O	O	O
2.	Ability to clarify concepts	O	O	O	O	O
3.	Ability to make the subject interesting	O	O	O	O	O
4.	Ability to maintain relevancy to the lesson being taught	O	O	O	O	O
5.	Problem solving ability	O	O	O	O	O
6.	Punctuality	O	O	O	O	O
7.	Daily Practice Paper/ Assignments	O	O	O	O	O
8.	ANY OTHER QUERY/ SUGGESTION					

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DO NOT FOLD THE SHEET