

MEGHNA INSTITUTE OF DENTAL SCIENCES

Approved by – Dental Council of India, New Delhi &
Affiliated by Kaloji Narayana Rao University of Health Sciences, Warangal, T.S.



Mallaram (V), Varni Road, Nizamabad Dist.-503 003, T.S. Ph: 95054454556

STUDENT FEEDBACK FORM – TEACHERS

As part of a continuing improvement process, our college appreciates suggestions and inputs regarding the institution. We request you to sincerely and truthfully answer these questions under assurance of complete confidentiality. Your interest in making our institution better is greatly appreciated.

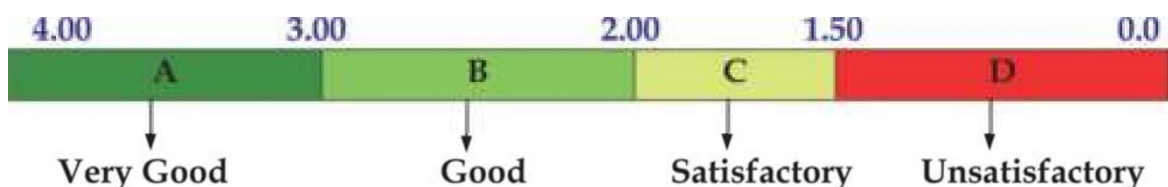
Name of teacher:

Programme: BDS 1 YEAR 2 YEAR 3 YEAR 4 YEAR

Department/Subject:

Academic year:

Students are required to rate the teachers on the following attributes using the 4 -point scale shown.



Parameter	A	B	C	D
Your perception of his/her knowledge				
Communication skills				
Sincerity/commitment				
Stimulating interest in subject				
Ability to make the subject relevant to profession and life				
Ability to integrate subject with the main course and other subjects				
Accessibility in and out of classroom				
Ability to evaluate students				
Eliciting feedback				
Overall rating				