

# HINDUSTHAN INSTITUTE OF TECHNOLOGY

COIMBATORE-32

## DEPARTMENT OF INFORMATION TECHNOLOGY

### FACULTY FEEDBACK

Faculty Name:

Batch:

Subject Code and Name:

#### **General Feedback:**

1. Does the class goes as per the course plan: Yes / No

2. Do you able to complete the course content within stipulated time: Yes / No

If no, give reasons:

3. Can you able to adopt innovative teaching techniques. If yes, list some of the methods you adopted during delivery of course contents.

4. How would you rate the correlation of the content of each unit?

5. Would you suggest for any syllabus revision or inclusion of topic as content beyond the syllabus / Value added course?

#### **Feedback on Course Outcomes:**

S.No	Course Outcomes	Put a (□) mark in appropriate column				
		Excellent	Good	Satisfactory	Fair	Poor
1.						
2.						
3.						
4.						
5.						
6.	Any other improvements, suggestions would you like to share to improve teaching learning process:					

**DATE:**

**Signature of the Faculty**