

Form for Faculty Lecture Feedback

Lecture & Faculty Details

- Lecture Topic: _____
- Faculty Name: _____
- Course Code: _____
- Lecture Date: _____

Evaluation of Lecture Quality

Rate the following lecture aspects based on the scale provided:

Lecture Component	Excellent	Good	Fair	Needs Improvement
Subject Knowledge of Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction & Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity in Explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Examples & Case Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Visual Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teaching & Learning Effectiveness

- The faculty encouraged class participation.
- The pace of teaching was appropriate.

- The examples provided were relevant.
- The faculty addressed students' doubts effectively.

Suggestions for Improvement

Would You Recommend This Faculty for Future Courses?

- Yes No

Student's Acknowledgment

Student's Name: _____

Signature: _____ **Date:** _____