



Dr.B.R. AMBEDKAR UNIVERSITY, SRIKAKULAM
ETCHERLA-532 410 (AP), INDIA

STUDENT FEEDBACK FORM FOR LAB CLASS (At the end of Semester)

Name of the Program _____ & Title of the lab Course _____

QUESTIONNAIR FOR ANALYZING THE CONDUCT OF EXPERIMENTS BY STUDENTS (COLLECTED AT THE END OF THE LABOURATORY CLASSES)

1. Whether the manual circulated in time Yes/No
2. Whether the faculty member helps in complete the experiment during lab hours Yes/No
3. Whether the observations corrected on the same day Yes/No
4. Whether the instructions about the experiment delivered properly during instruction hours Yes/No
5. Are you really finding the lab session useful to experiment the theory Yes/No
6. Are you comfortable with what you are doing in the laboratory Yes/No
7. Do you relate your laboratory experiment with real world application Yes/No
8. Do you aware of what are you going to do in a Laboratory session Yes/No
9. Which experiment you found that was interesting? _____
10. What do you expect the faculty to do to improve the lab session? _____
11. Are you comfortable with the way of evaluation?
Yes, why _____ No, why _____
12. Availability of the staff in laboratory for questions or consultations by the students.
All time Frequently Rarely Not Available
13. Are you comfortable with the way of the handling a laboratory session by faculty members and Technician of concern lab?
14. Any other comments? Use the reverse side of the paper.
15. Do you have any suggestions for quality improvement of laboratory class?

Personal Information

Signature of the candidate

Name of the Graduate :

Regd. No. :

Year of Graduation :

Contact Number :

Email ID :

Address :

