



INDIAN LAW INSTITUTE
(Deemed University)
Bhagwand Das Road, New Delhi – 110 001

Course: LL.M. (One Year) - 1st / 2nd Semester

COURSE FEEDBACK FORM

Subject : _____

Name of the Faculty : _____

Please mark on a scale of 1-7 (7-6 – Excellent, 5-4 – Good, below 3 – Needs Improvement)

S. No.	Criteria	Rating (1-7)
1.	The faculty member <i>conducted</i> classes regularly as per the time table.	
2.	The faculty member gave adequate reading, cases and other material with respect to the objectives of the course.	
3.	The faculty member shared and followed the teaching plan.	
4.	The faculty member clearly communicated the objective of the course as well as assessment criteria.	
5.	The faculty member was accessible outside class for additional help.	
6.	The faculty member encouraged class participation and discussion.	
7.	The faculty member respects different backgrounds of the students.	
8.	The faculty member gave feedback on course test and assignments	

Any other Comments
