



QUALITY ENHANCEMENT CELL JINNAH MEDICAL COLLEGE



TEACHER'S EVALUATION FORM

(To be filled by the student)

MBBS Year: _____ Block: _____

No	Instructor Name:	Course Taught
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Use the scale to answer the following questions below and make comments

A: Excellent B: Very Good C: Good D: Average E: Poor

Instructor No:

S#	Question:	1	2	3	4	5	6	7
1.	The instructor is well prepared in terms of delivering lectures							
2.	The Instructor communicates Learning Outcomes at the beginning of the lecture							
3.	This class has increased my interest in this field of study							
4.	The instructor demonstrates knowledge of the contents and Instructions explaining what is expected from us							
5.	The Instructor has completed the whole course							
6.	The Instructor provides additional material apart from the textbook							
7.	The teacher communicates the subject matter clearly							
8.	The teacher is helpful in response to our questions in the class							
9.	The Instructor is punctual and observes class timing							
10.	The instructor provides clear evaluation criteria for assignments /presentations / quizzes / Module / Block Examinations							



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Comments:

S#	Instructor Name	Comments about Instructor:
1.		
2.		
3.		
4.		
5.		
6.		
7.		