



Ref. No.....
(Office use only)

**Lecturer Evaluation Form
Sabaragamuwa University of Sri Lanka**

Please fill-in this evaluation form so that your lecturer’s overall performance during the semester would be properly evaluated. Please do this individually and do not look into your friends’ evaluation forms. Your genuine evaluation is highly appreciated and this will help the lecturer to improve his/her teaching. This feedback information will be kept strictly confidential.

Section 01

Degree Programme	
Year and Semester	
Course Unit/ Title, Code & Credits Allowed	
Name of Lecturer	Rev. /Prof./Dr./Mr./Ms.
Date of Evaluation	

Section 02

Please read the following statements and circle the most appropriate answer for each statement.

Serial no	Evaluation Criteria Lecturer’s ...	Evaluation Criteria						
		Extremely Good	Very good	good	Neither good nor poor	poor	Very poor	Extremely poor
01	punctuality	7	6	5	4	3	2	1
02	preparation for the lectures	7	6	5	4	3	2	1
03	clarity in communicating with students in the lecture room	7	6	5	4	3	2	1
04	confidence on the subject	7	6	5	4	3	2	1
05	usage of teaching methods (group activities, role plays etc..)	7	6	5	4	3	2	1
06	usage of teaching aid (PPT, video clips , white board etc...)	7	6	5	4	3	2	1
07	motivation of students for learning	7	6	5	4	3	2	1
08	catering to the needs of individual students	7	6	5	4	3	2	1
09	encouragement of students to ask questions	7	6	5	4	3	2	1
10	feedback for students’ questions	7	6	5	4	3	2	1
11	returning of Continuous Assessments with comments	7	6	5	4	3	2	1
12	availability in his/her office for consultation	7	6	5	4	3	2	1

