

 **From No. 01**

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** | **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 |

|  |  |
| --- | --- |
| **Yes** | **No** |

13. Did the lecturer provide you with a study guide at the beginning of the course unit? Tick (√) the appropriate box.

14. Please make other comments about the lecturer, if any in the space provided below.

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**Thank you for your valued evaluation.**

**Compiled by: Centre for Quality Assurance – Sabaragamuwa University of Sri Lanka**

**Email:** **info@cqa.sab.ac.lk****,** **director@cqa.sab.ac.lk**