

A.S.B.A.S.J.S.MEMORIAL COLLEGE, BELA

Feedback form

Name of Speaker:

Date:

Event/Topic: -

Department:

Venue:

Student Participation:-

Objective/Purpose:

(Tick the appropriate response for each question)

Q (1) The level of achievement of the objectives of the seminar/workshop.

- 1) Excellent 2) Good 3) Moderate 4) Not Satisfactory

Q (2) The level of contents/preparation of speaker about the topic.

- 1) Excellent 2) Good 3) Moderate 4) Not Satisfactory

Q (3) The level of participation and interaction of speaker with the teachers/students.

- 1) Excellent 2) Good 3) Moderate 4) Not Satisfactory

Q (4) The level of effectiveness of the workshop in the entrepreneurship skill development.

- 1) Excellent 2) Good 3) Moderate 4) Not Satisfactory

Q (5) Relevance of lecture in enhancement of knowledge of topic.

- 1) Excellent 2) Good 3) Moderate 4) Not Satisfactory

Q (6) Do you agree such workshops/seminars should be organized by the college/department in the future also?

- 1) Strongly agree 2) Agree 3) Moderately Agree 4) Never

Q (7) Suggestion if any: