

# SBES COLLEGE OF ARTS AND COMMERCE, AURANGABAD

## FEEDBACK FORM – IV FETEDBACK ON ACTIVITY / PROGRAM / PROJECT

Academic Year : \_\_\_\_\_

This questionnaire is intended to collect information relating to your satisfaction towards facilities and services provided for creating conducive atmosphere for teaching and learning. The information provided by you will be kept confidential and will be used as important feedback for quality improvement.

Name of the Participant: \_\_\_\_\_ Class \_\_\_\_\_ Div. \_\_\_\_\_ Roll No \_\_\_\_\_

Name of the Activity/Program/Project \_\_\_\_\_

Date: \_\_\_\_\_

### Directions:

For each item please indicate your level of satisfaction with the following statement by 'tick' mark (√) between 1 and 5.

### Choice Rating Indicator:

1 – Strongly Disagree, 2 – Disagree, 3 – Neither agree nor disagree, 4 – Agree, 5 – Strongly agree.

Sr. No.	Parameters	1	2	3	4	5
1	The Activity/Program/Project is relevant.					
2	The Objectives of the Activity /Program / Project are accomplished.					
3	The Activity/Program/Project is properly planned.					
4	The Activity/Program/Project is well administered.					
5	The Activity/Program/Project is creative & innovative.					
6	The Activity/Program/Project helped in overall Personality Development.					
7	The Activity/Program/Project provided an opportunity for participation and contribution.					