



वैदुल काउन्सिल ऑफ वोकेशुल आंड रिसर्च ट्रेनिंग
Vital Council of Vocational and Research Training

As Autonomous Body Regonized by Govt. of India New-Delhi

HEAD OFFICE :2nd Floor KLJ Tower NorthB-5, District Centre, Entail Sub ash Place,Wazirpur,
New Del110034. Email : info@vcvrt.org /admin@vcvrt.org /enquiry@ vcvrt.org

ADMINISTRATIVE OFFICE:No 12, Convent Street,Pudupalayam,Cuddalore - 607 001.
Website:www.vcvrt.org Phone: 04142 - 232037Email : vcvrt2017@gmail.com

Standard 16C Blank Form

STUDENT COURSE EVALUATION

School: _____ Program: _____
Teacher: _____ Course: _____ Date: _____

In an effort to evaluate and improve courses, we are seeking the opinions of students concerning key aspects of each course. Please read the following statements carefully and circle the response that best indicates your opinion. Write comments on the back of this evaluation.

	Statements	Excellent	Good	Fair	Poor
		4	3	2	1
1.	A course syllabus was presented and reflected the course objectives, grading procedures and requirements.				
2.	Safety rules and regulations were presented and followed.				
3.	Course materials and supplies were appropriate				
4.	The instruction included hands-on training where appropriate.				
5.	Tests and assignments related to the objectives of the course.				
6.	Instruction included problem solving.				
7.	The course met your career objectives				
8.	Instruction included career options in the program area.				
9.	Good work habits, ethics and team work are included in instruction.				
10.	Math, English and science are incorporated into instruction.				
11.	Work-based learning opportunities were available.				
12.	Class began and ended promptly.				
13.	The course will assist me in finding employment and/or enrolling in postsecondary education.				
14.	Daily instruction is well-planned.				
15.	A student organization is an integral part of instruction.				
16.	Student achievement is recognized.				
17.	The connections between the course and postsecondary options are explained.				
18.	The classroom and/or lab are adequately equipped				
19.	The classroom and/or lab are well-maintained.				

ACCEPTANCE

Approved by the Principal :

Date: _____



Director vcvt
Administrative office
Cuddalore

St.Teresa Institute
principal /director
kanniyakumari

