



QUALITY ENHANCEMENT CELL
LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES
MAIN CAMPUS BUILDING JAMSHORO SINDH, PAKISTAN
PHONE # 022-9213360, FAX # 022-3878035
www.lumhs.edu.pk/qec

Teacher Evaluation Form

(To be filled by the student)

Course Title and Number: _____

Name of Instructor: _____ **Semester** _____

Department: _____ **Degree** _____

Use the scale to answer the following questions below and make comments

A: Strongly Agree B: Agree C: Uncertain D: Disagree E: Strongly Disagree

Instructor:					
1. The Instructor is prepared for each class	A	B	C	D	E
2. The Instructor demonstrates knowledge of the subject	A	B	C	D	E
3. The Instructor has completed the whole course	A	B	C	D	E
4. The Instructor provides additional material apart from the textbook	A	B	C	D	E
5. The Instructor gives citations regarding current situations with reference to Pakistani context.	A	B	C	D	E
6. The Instructor communicates the subject matter effectively	A	B	C	D	E
7. The Instructor shows respect towards students and encourages class participation	A	B	C	D	E
8. The Instructor maintains an environment that is conducive to learning	A	B	C	D	E
9. The Instructor arrives on time	A	B	C	D	E
10. The Instructor leaves on time	A	B	C	D	E
11. The Instructor is fair in examination	A	B	C	D	E
12. The Instructor returns the graded scripts etc. in a reasonable amount of time	A	B	C	D	E
13. The Instructor was available during the specified office hours and for after class consultations	A	B	C	D	E
14. Course:					
15. The Subject matter presented in the course has increased	A	B	C	D	E



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your knowledge of the subject					
16. The syllabus clearly states course objectives requirements, procedures and grading criteria	A	B	C	D	E
17. The course integrates theoretical course concepts with real-world applications	A	B	C	D	E
18. The assignments and exams covered the materials presented in the course	A	B	C	D	E
19. The course material is modern and updated	A	B	C	D	E

Comments:

Instructor: _____

Course: _____
