



DR. AMBEDKAR COLLEGE OF ARTS, COMMERCE &  
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FEEDBACK FORM

FROM EMPLOYER ABOUT EMPLOYEE

Name of the Employer:

Address:

Name of the Employee:

Designation:

Sub:

Academic Year:

Tick (✓) the appropriate option.

| Sr. No. | ATTRIBUTES OF TEACHER                                     | Excellent | Good | Satisfactory | Poor |
|---------|---|-----------|------|--------------|------|
| 1       | Ability to contribute to the goal of the organization     |           |      |              |      |
| 2       | Planning and organization skills                          |           |      |              |      |
| 3       | Communication skills and Soft Skills                      |           |      |              |      |
| 4       | Obedience and relationship with Seniors                   |           |      |              |      |
| 5       | Leadership, Team spirit and Initiative                    |           |      |              |      |
| 6       | Relationship with peers / subordinates                    |           |      |              |      |
| 7       | Willingness to learn new techniques, adopt new ideas etc. |           |      |              |      |
| 8       | Ability to use workplace equipment                        |           |      |              |      |
| 9       | Ability to solve workplace problems                       |           |      |              |      |
| 10      | Innovativeness, creativity                                |           |      |              |      |
| 11      | Involvement in social activities                          |           |      |              |      |

| Sr. No. | ATTRIBUTES OF TEACHER                   | Excellent | Good | Satisfactory | Poor |
|---------|---|-----------|------|--------------|------|
| 12      | Simplicity and sense of belonging       |           |      |              |      |
| 13      | Technical knowledge/skill               |           |      |              |      |
| 14      | Ability to take up extra responsibility |           |      |              |      |

Suggestion(s) if any:

Place :

Date :

Signature