

FEEDBACK ON CURRICULUM FROM SPECIALLY-ABLED STUDENTS YEAR 2021-22

Personal Information

NAME:
DEPARTMENT:
COURSE:
SEMESTER:
PHONE NUMBER:
CONTACT EMAIL:

Feedback

Sl.No	PARAMETERS	1	2	3	4	5
1	How would you rate the effectiveness of the examination support provided to you?					
2	How would you rate the accessibility of our facilities for your needs?					
3	Did you feel adequately supported by your peers during your time here?					
4	How would you rate the additional support you received beyond what was initially offered? (e.g., counseling, mentorship)					
5	On a scale of 1 to 5, how would you rate the support provided for specially-abled students?					

1: Very Poor
2: Poor
3: Satisfactory
4: Very Good
5: Excellent

Suggestions & Feedback:

By submitting this form, you agree to allow us to use your feedback to enhance our services and facilities.

Thank You

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR SPECIALLY-ABLED STUDENTS FEEDBACK FORM.
YOUR INPUT IS VALUABLE TO US.