



FEEDBACK FROM TEACHERS

(Instruction: Please attach a sheet wherever necessary)

Student's Name : _____

Parent's Name : _____

Name of School : _____ Class _____

Date of report : _____

1. Did you receive training for using the E-learning kit?

Yes No

2. Do you note any difference in the learning abilities (understanding and explaining concepts, improved skills for critical thinking and analysis, retention etc.) of the students after attending e-learning supported classes?

Yes No

3. (i) Is there any increase in the test scores of the students?

Yes No

(ii) If Yes, please choose from following:

10% to 30% 30% to 50% 50% to 70% above 70%

4. (i) Do you note an increase in attendance of students due to the E-learning classes?

Yes No

(ii) If Yes, please choose from following:

10% to 30% 30% to 50% 50% to 70% above 70%

5. What features do you like most about the e-learning facility?

6. What features do you like least about the e-learning facility?



E-learning

Form No EL 7.1 (b)



7. (i) Is the e-learning facility user friendly?

- Yes No

(ii) If No, what difficulty have you faced?

8. Which type of class do you like attending more?

- Only Teacher Instructed Class Teacher instructed class with the support of the E-learning software

In 2 to 5 lines, please explain your response.

9. Which style of teaching do you prefer?

- Only Teacher Instructed Class Teacher instructed class with the support of the E-learning software

Please explain above response.

10. Do you have any suggestions to improve on the e-learning facility?

Overall Assessment of the E-learning Facility:

	Very Good	Good	Poor	Can't Say
Videos				
Voice Clarity				
Picture Quality				
Activities				
Exercises				

(Signature of the teacher with School Stamp)