



DIRECTORATE OF DISTANCE EDUCATION Centre for Internal Quality Assurance

FEEDBACK FORM FOR ACADEMIC COUNSELLORS

Dear Madam/Sir,

You are requested to provide your feedback on the DDE, Alagappa University course(s). Your responses will be kept confidential.

1. Name:

2.	Gender: Male Female Transgender
3.	Age group(in years):25to3536to 4546to5556 and above
4.	Category: SC ST OBC GEN
5.	Mobile Number:
6.	Email id:
7.	Learning Centre place with Code No:
8.	Programmes:
9.	Course Code(s):

10. Total experience as Academic Counsellor in DDE, Alagappa University (number of years)

11. Have you attended Orientation Programmes conducted by DDE, Alagappa University: Yes/No?

CURRICULAR COMPONENTS AND DELIVERY								
1.	Content Coverage in the Self learning Material (Blocks and Units) is adequate							
2.	The content is well illustrated with examples, figures, and diagrams/charts							
3.	There is conceptual clarity in the content of the course							
4.	The language used in the course units is easily Comprehensible							
5.	The difficulty level of the course is as per programme Level							
6.	The check your progress exercises provided in the units facilitate Learning							
7.	The assignments in the course effectively serve the twin purpose of teaching-learning and continuous assessment							
8.	The non-print e-media components in the course are available to you for counseling							
9.	The prescribed number of theory course PCP classes are Adequate							
10.	The prescribed number of practical course PCP classes (if applicable) are adequate							
11.	The learners are keen to use the e-self learning material for studying the course							
12.	The PCP classes are generally conducted as per schedule							
13.	The attendance of students is generally good in the PCP classes							
14.	The learners expect lecture method as well as online classes							
15.	The learners express difficulties related to course content (conceptual clarity, check your progress questions, language of content)							

Your feedback is important to us. Please rate each item on a five-point rating scale.

(Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) to Strongly Disagree(SD))

List the areas that need attention to bring desired improvement in the system

Place:_____

Date:_____