

N101

N-101



Holy-wood Academy's
Sanjeevan Engineering and Technology Institute, Panhala

Faculty Evaluation for the Year - 20 - 20

Class:

Semester:

Dept.:

Dear student this feedback will be used to provide the best academics to you from the SETI, So rate your professor using the number given in front of grades as follows.

Poor-1

Good-2

Very Good-3

Excellent- 4

Sr. No	Faculty Name initials :						
	Questions	Course :					
1	Effective presentation, method of teaching and audibility of teacher.						
2	How is your professor knowledge about the subject?						
3	Punctuality in taking class and sincerity.						
4	Developing inspiration and confidence in the subject.						
5	Available for interaction with students inside & outside classroom						
6	Proficiency of professor in English.						
7	Helps student in providing study material, eresources etc.						
8	Class control, student participation while conducting class.						
9	Focus on syllabi, teaching subject matter and delivery of structured lecture.						
10	Would you like this teacher to teach you again?						

Suggestions/Comments (If any)

FACULTY CLASSROOM OBSERVATION SHEET

Name of the Faculty Observed _____ Programme _____

Name(s) of the Observer 1. _____

2. _____

Date of Observation _____ Class & Course Observed _____

Rating Scale (1= very poor, 2 = weak, 3 = average, 4 = good, 5 = excellent, NA = not applicable)

CONTENT

Main ideas are clear and specific	1	2	3	4	5
Sufficient variety in supporting information	1	2	3	4	5
Relevancy of main ideas was clear	1	2	3	4	5
Makes students think	1	2	3	4	5
Instructed related ideas	1	2	3	4	5
Creates interest in the subject matter	1	2	3	4	5

ORGANIZATION

Introduction captured attention	1	2	3	4	5
Introduction stated organization	1	2	3	4	5
Clear organizational plan	1	2	3	4	5
Concluded by summarizing main ideas	1	2	3	4	5
Reviewed by connecting to previous classes	1	2	3	4	5
Reviewed by connecting to future classes	1	2	3	4	5

INTERACTION

Teacher questions at different levels	1	2	3	4	5
Sufficient wait time	1	2	3	4	5
Students asked questions	1	2	3	4	5
Teacher feedback was informative	1	2	3	4	5
Teacher incorporated student responses	1	2	3	4	5
Good rapport with students	1	2	3	4	5

VERBAL / NON-VERBAL

Language was understandable	1	2	3	4	5
Articulation and pronunciation clear	1	2	3	4	5
Teacher spoke extemporaneously	1	2	3	4	5
Accent was not distracting	1	2	3	4	5
Effective voice quality	1	2	3	4	5
Eye contact with students	1	2	3	4	5
Confident & enthusiastic	1	2	3	4	5

USE OF MEDIA

Overheads / Chalkboard (content clear & well-organized)	1	2	3	4	5
Visual aids can be easily read if used	1	2	3	4	5
Teacher provided an outline / handouts / notes	1	2	3	4	5

SPECIAL CLASSIFICATION NOTES:

STRENGTHS: (e.g. use of comparisons & contrasts, positive feedback, opportunity provided for Student questions)

WEAKNESSES: (e.g. unable to answer student questions, less overall topic knowledge, non-relevance of examples, etc.)

OVERALL EFFECTIVENESS RATING 1 2 3 4 5

Observer 1. Name & Signature _____

Observer 2. Name & Signature _____

N-103



Holy-wood Academy's
Sanjeevan Engineering and Technology Institute, Panhala

Performance Appraisal of Non-Teaching Staff

Year: 20 to 20

Name of staff: _____

Department: _____

Designation: _____

Rate the employee on a five point scale for the following attributes. (Tick appropriate number)
(1-Unsatisfactory, 2-Satisfactory, 3-Good, 4-Very Good, 5-Excellent)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Punctuality and Regularity: | 1 | 2 | 3 | 4 | 5 |
| 2. Sincerity and Dedication to Job: | 1 | 2 | 3 | 4 | 5 |
| 3. Initiative and Drive: | 1 | 2 | 3 | 4 | 5 |
| 4. Application of skills to entrusted job: | 1 | 2 | 3 | 4 | 5 |
| 5. Enthusiasm to learn new things: | 1 | 2 | 3 | 4 | 5 |
| 6. Confidentiality: | 1 | 2 | 3 | 4 | 5 |
| 7. Integrity & belongingness: | 1 | 2 | 3 | 4 | 5 |
| 8. Behaviour with faculty: | 1 | 2 | 3 | 4 | 5 |
| 9. Behaviour with colleagues: | 1 | 2 | 3 | 4 | 5 |
| 10. Behaviour with students: | 1 | 2 | 3 | 4 | 5 |
| 11. Overall rating : | 1 | 2 | 3 | 4 | 5 |

12. Any disciplinary action taken since the last appraisal. If yes, enclose details.

Signature & Name Lab Incharge faculty concerned.

Recommendation:

- | | | |
|---------------------------|-----|----|
| 1 Increment sanctioned | Yes | No |
| 2 To be promoted (if due) | Yes | No |

Any other Remarks:

Head of Department

Principal



Faculty Performance Appraisal (FPA) Form
Academic Year:

NOTE: The assessment process in this form is divided into three parts - Teaching, Research, and Service.

1. Name : _____ 2. Staff ID: _____
3. Designation: _____ 4. Qualification(s): _____
5. Department : _____ 6. Date of Joining : _____
7. Email : _____
8. Phone: Office _____ Home _____ Cell _____
9. Areas of Interest: _____
(Print some keywords)

PART I- TEACHING

10. ODD Semester (First Academic Term) Courses Taught (UG):

Sr. No.	Course Title (Th. & Pr)	Strength of class	Weekly contact hours

11. EVEN Semester (Second Academic Term) Courses Taught (UG):

Sr. No.	Course Title (Th. & Pr)	Strength of class	Weekly contact hours

12. ODD Semester Courses Taught (PG):

Sr. No.	Course Title (Th. & Pr)	Strength of class	Weekly contact hours

13. EVEN Semester Courses Taught (PG):

Sr. No.	Course Title (Th. & Pr)	Strength of class	Weekly contact hours

14. Innovation in Teaching: Describe any novel methods you have adopted to improve effectiveness of teaching. For which subjects have you used a large number of visuals, or web pages, or any other innovative methods for your lectures? Attach any relevant materials or list URL links.

15. **Improvement in courses taught more than once:** Mention any improvement you brought about in your courses that you have taught more than once.

16. **On an average how many hours per week you had spent for**

a. Preparing / Correcting assignments: _____ b. Setting question papers: _____
c. Evaluating mid-examination answer scripts: _____

17. **On an average how many assignments did you give per theory course?** _____

18. **New Subjects you have learnt, are willing and ready to teach (please list them):**

1. _____ 2. _____

Part II – Project Guidance and Research

19. **UG Projects Supervised**

Sr. No.	Class	Title of project	No. of students in a group

20. **PG Projects Supervised**

Sr. No.	Class	Title of project	Name of student

21. **M.S. / Ph.D. Theses Supervised (include thesis title, student name):**

22. **Research projects:** (List the following for each project: Name of Project Investigator (P.I./ Co-P.I/ Project Title, Funding Agency/Duration, and Funding Amount):

23. **If you are currently doing your Ph.D list the following:** Title of the thesis, Name of Ph.D. advisor, and Expected date of completion:

24. **Publications / Patents / Books / Monographs:** (Include any URL links to published material):

25. Awards and Recognitions:

26. Lectures / Invited Talks given by you at other places:

PART III – SERVICE

27. Conferences/ Workshops/ Seminars organized:

28. Department or College Academic Committee membership activities:

29. General Information:

i. List Areas of Strength:

1. _____ 2. _____
3. _____ 4. _____

ii. New Skills / Techniques learnt / acquired during last one year

1. _____ 2. _____
3. _____ 4. _____

iii. List Areas needing additional development / training.

1. _____ 2. _____

iv. Suggestions for improvement of your quality of work.

1. _____ 2. _____
3. _____ 4. _____

v. Significant achievements during last one year:

1. _____ 2. _____

30. Any other comments (Guidelines):

a. How do you think institute can help you to enrich your knowledge/ multidisciplinary skills?

b. List your suggestions for improving the academic standards.

c. What is your assessment of the overall performance of the students? List any suggestions for improving the performance.

1. _____ 2. _____

3. _____ 4. _____

d. General suggestions related to improvements of academic and administrative standards at the Institute .

1. _____ 2. _____

Date:

Signature of Faculty Member: _____

Name in BLOCK LETTERS: _____

PART IV- HEAD OF THE DEPARTMENT'S ASSESSMENT

(NOTE: To be filled by HoD only. Faculty can leave this section blank)

31. Overall Rating (on a scale of 10):

Component \ Rating	Teaching	Research	Service	General Attitude / Departmental Citizenship
9-10, Outstanding				
8, Very Good				
7, Good				
6, Satisfactory				
0 - 5, Needs Improvement				

32. Any other Comments:

Date:

Signature of Head of the Department: _____

Name in BLOCK LETTERS: _____

33. Overall Recommendation by Faculty Appointments & Promotions (FAP) Committee of the College consisting of the Hods, Principal, Jt. Secretary, and Chairman.

Signature of the Head of the Dept: _____

Signature of the Principal: _____

Signature of the Jt. Secretary: _____

Signature of the Chariman _____

Parents' Feedback Form

Name of the student: _____

Class: _____ Branch: _____

Name of the Parent/Guardian: _____

Relationship: _____

Occupation of Parent / Guardian: _____

(Tick the appropriate option)

1. Do you receive updates of your ward's attendance every month? (Yes / No)
2. Do you receive updates of your ward's performance in mid-examinations twice a semester? (Yes / No)
3. Do you attend parent-teacher meeting at the beginning of every semester? (Yes / No)
4. Does your ward show his / her University examination marks statement to you every semester? (Yes / No)
5. If your ward is using college transport facility, are you satisfied with the service provided? (Yes / No / NA)
6. If your ward is having in hostel and mess facility, are you satisfied with the service provided? (Yes / No/ NA)
7. Do you visit the college at least once a year? (Yes / No)
8. Are you satisfied with the efforts put in by the college for the academic and professional development of your ward? (Yes / No)
9. Are you satisfied with the reception given to you by the college when you approached for any information? (Yes / No)
10. Do you continuously monitor your ward's academic performance? (Yes / No)
11. Would you join your another ward or recommended anyone else's ward for admission into Sanjeevan Engineering & Technology Institute, Panhala? (Yes / No)
12. Please give any suggestions for further improvement of college which will be beneficial for students.

a.

b.

Date :

Signature of Parent

TEACHER GUARDIAN SCHEME (TGS)
INFORMATION TO BE GIVEN BY THE STUDENT FOR EFFECTIVE MENTORING AND ACADEMICS GUIDANCE

Name : _____
 Roll Number : _____
 Year and Branch : _____
 Previous Academic Record : (In the Given Below, Put NA if Not Applicable)

% in X	% in Inter HSC / Diploma	EXAM CLT Rank	% 1 Yr	Backlogs, any 1 yr	% in II yr I-sem	Back logs any in II yr I-Sem	% in II yr II-Sem	Back logs any in II Yr II Sem	% in III yr I-Sem	Back logs any in III Yr I Sem	% III Yr. II-Sem	Back-logs any in III yr II Sem	IV Yr I-Sem	Overall %	Rank in Class

Admitted under Category : Open / SC/ST/OBC/VJ. NT/ANY OTHER SPECIFY : - _____

Father's Name : _____ Education : _____

Occupation : _____ Cell No. : _____

 Address : _____

Mother's Name : _____ Education : _____

Occupation : _____ Cell No. : _____

Local Guardian Name : _____ Cell No. : _____

 Address : _____

Brother's Name : _____ Occupation _____ Cell No. : _____

Sister's Name : _____

1. Any Particular difficulty experienced in understanding the subject (s) , if so, name the subjects

- | | |
|----------|----------|
| a. _____ | b. _____ |
| c. _____ | d. _____ |
| e. _____ | f. _____ |

2. Any difficulty experienced for coming to college in time (indicate possible remedial actions)

3. Any issues hampering your studies?

4. Do you study technical subjects at least Three hours per day outside the college working hours? If not so, why?

5. Any difficulty experienced with regard to the textbooks in the Library?

SE-80
TE-80
BE-70

6. Do you take the assignments seriously and do on your own? _____

7. Are you making enough efforts towards improving your English language communications skills? If not, why? Any help needed? _____
Specify: _____

- Any help needed? _____

8. What are your goals? _____

9. What efforts you have been making to achieve your goals? _____

10. What do you expect to be done by the institute on in developing your self – confidence and achievement of goals? _____

11. Is the atmosphere (environment) at home Congenial (convenient) for your studies? _____

12. Are you interested in pursuing literary, cultural and other activities in the college? _____

13. What are you hobbies and talents which need help to be boosted? _____

14. Are you interested in Games / Sports? _____

15. Any difficulty experienced with regard to clean lines and hygiene in the institution? _____

Date :

Signature of Students



ACADEMIC COUNSELLING
TO BE CONDUCTED AS THE MID OF THE SEMISTER - I
(MENTORING-I)

Student Name :

Student Roll Number :

Year and Course of Study :

Name of the Mentor :

The student confirms his / her percentage of attendance is 75 and above (till date) : Yes / No (Please strikeout the other)

Please tick one, whichever is addressed.

1.	Attendance	
2.	Marks in the Mid Examination (s)	
3.	Marks in the previous semester examination	
4.	Non-submission of assignments	
5.	Performance in the lab (internal and / or external)	
6.	Non-participation in the class activities	
7.	Lack of interest in Engineering Course	
8.	Lack of Motivation to do well	

If any other, please specify:

Nature of academic mentoring provided: Please tick all those that have been addressed and mentoring given.

1.	Importance of Attendance and its implication to do well in examinations.	
2.	Importance of Mid Examination (s) and its consequence in the end semester examinations	
3.	Importance of Marks in the previous semester examination and its consequence in the later part of the degree and subsequently in career as well	
4.	Importance of submission of assignment and its consequence on the performance of Mid examinations and End semester.	
5.	Importance of Laboratory exercise.	
6.	Importance of participation in the class activities.	
7.	Importance of getting Engineering Degree and how the degree helps in building a career in other areas and programs such as M.S., MBA, Civil Service, Group Services, etc.	
8.	Importance of Self-Motivation to do well in career and subsequently in life.	

If any other issue is addressed, please specify:

The session in which academic mentoring took place on :

Date:		Signed :	Mentor	Student

Head of the Department :

Date:		Signature	
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To the Mentor – This Mentor should complete after discussion with the student, and the aspects of relevant mentoring or support to address the issues prompting attention. Mentor is requested to forward the same to his / her Head of the Department for according purpose.

N.707

**ACADEMIC COUNSELLING
TO BE CONDUCTED AS THE MID OF THE SEMESTER - II
(MENTORING-II)**

Student Name :

Student Roll Number :

Year and Course of Study :

Name of the Counselor :

The student confirms his / her percentage of attendance is 75 and above (till date) : Yes / No (Please strikeout the other)

Nature of academic MENTORING provided : Please tick all those that have been addressed and Mentoring given.

S. No.	After the Previous MNTORING Till date	Yes	No.	Insignificant
1.	Any improvement observed in the attendance of the student ?			
2.	Any improvement in the marks scored by the student ?			
3.	Did the student understand the relevance of the course work of earlier semester (s) vis-à-vis this semester			
4.	Did the student understand the importance of participation in classroom activities for career building ?			
5.	Did the student understand the relevance of the Laboratory exercises and their correlation to the theory course ?			
6.	Did the student understand how important is self-motivation and how it helps in career building and also in later part of life ?			
7.	Did you notice and perceptible change in the attitude of the student ?			
8.	Is the student sensitive to constructive criticism ?			
9.	Did you observe any perceptible change in the confidence level of the student ?			

If any other issue was addressed and mentoring given to that effect, please specify it :

The session in which academic mentoring took place on :

Date:		Signed :		
			Advisor/counselor	Student

Head of the Department :

Date:		Signature	
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To the Mentor - This Mentor should complete after discussion with the student, and the aspects of relevant mentoring or support to address the issues prompting attention. Mentor is requested to forward the same to his / her Head of the Department for according purpose.

Questionnaire for Indirect PO attainment

Dear student,

It's our pleasure to note that you are completing your graduation in a few days, we wish and hope that you have assimilated all that is required for your successful career.

Kindly give your response on the following outcomes you have gained through your four year degree program
- **Head of the Department and Faculty Members**

At the end of my degree program I am able to

Ranking : 1 – Average, 2- Agree, 3 – strongly agree.

1.	Apply the basic knowledge of mathematics, science and engineering fundamentals to solve engineering problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.	Identify formulate and analyze complex engineering problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3.	Design solution for complex engineering problems with a concern for public health and safety, cultural societal, and environmental issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4.	Conduct research based investigation by using different statistical methods and interpret the data.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5.	Select, create and use appropriate modern IT tools and techniques to predict and model engineering activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6.	Apply contextual knowledge to assess societal health safety, legal and cultural issues with respect to professional engineering practices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7.	Understand the impact of the professional engineering solution in societal and environmental contexts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8.	Apply professional ethics in engineering practices.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9.	Function as an individual and as a member in diverse and multi disciplinary settings.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12.	Communicate effectively on engineering activities with engineering community and with society at large	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13.	Work as a leader and as a member in multi disciplinary environment during project management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14.	Recognize the need for lifelong learning for continuous enhancement and upgradation of my knowledge in view of technological changes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Name : _____

USN : _____

Year of Completing VIII Sem : _____