

PEER REVIEW FORM (Innovative Teaching and Learning Activities)

Department of Mechanical Engineering KSSEM , Bangalore

* Indicates required question

1. Email *

2. Email address *

3. Name of feed back provider & affiliation *

4. 1. Name of pedagogy conducting faculty *

5. 2. Academic year *

Mark only one oval.

2024-25

2023-24

2022-23

6. 3. semester *

Mark only one oval.

Even

Odd

7. 4. Subject *

8. 5. Name of the Activity *

9. 6. statement of Clear goals *

Mark only one oval.

Yes

No

May be

10. 7. Adequate Preparation *

Mark only one oval.

Yes

No

May be

11. 8. use of appropriate method *

Mark only one oval.

Yes

No

May be

12. 9. significance of results /outcomes *

13. 10. critique /suggestion for Improvement *

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