

TAMIL NADU OPEN UNIVERSITY

LEARNERS' FEEDBACK FORM

REGIONAL CENTRE _____

LSC Name & Place _____ LSC Code _____

Programme _____

Year of Study:

Batch: Academic year / Calendar Year

Enrollment No: _____

Name of the Learner: _____

Contact Address, Phone number and email id:

1. Your expectations from the counselling sessions: please put a Tick Mark () from the following:-

- a) Thorough covering of the block by the counsellor
- b) Discussion on the topic
- c) Informal get-together
- d) Doubt clearing about course
- e) Discussion on the assignment
- f) Discussion on the project work
- g) Any other (Please specify)

2. Activities: What did you do during the session?

- Listened to the counsellor
- Listened to the lecture & took notes
- Asked questions
- Watched/listened to Audio & Visual/ other media inputs
- Interacted with other students
- Any other activity (Please specify)

3. Rate the following (Please tick):

S. No	Criteria	Excellent	Good	Satisfactory	Needs improvement
i.	Admission process/procedure				
ii.	Learner Induction programme				
iii.	Academic Quality				
a	Syllabus designed is good				
b	Syllabus review based on current developments				
c	The Self Learning Materials (SLM) for the programme are easy to understand with useful illustration and examples				
d	Useful for improving knowledge/skills				
e	Attainment of programme outcome after completion of the programme				
iv.	Student support services				
v.	Sessions by academic Counsellors				
vi.	Assignments are useful				
vii.	Assignments Process (submission to evaluation)				
viii.	Term End Exams and Results (Schedule and process)				
ix.	Grievance redressal process				
x.	Employability				

Signature