

# PEER REVIEW FORM ( Innovative Teaching and Learning Activities)

Department of Mechanical Engineering KSSEM , Bangalore

\* Indicates required question

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1. Email \*

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2. Email address \*

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3. Name of feed back provider & affiliation \*

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4. 1. Name of pedagogy conducting faculty \*

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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 \*

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8. 5. Name of the Activity \*

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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 \*

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13. 10. critique /suggestion for Improvement \*

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