

St. Joseph College of Teacher Education for Women Ernakulam



CRITERION V

5.1.1-Capability Building and Skill Enhancement Initiatives Undertaken by the Institution

Sample Feedback Sheets from the Students Participating in Communicating with Persons of Different Disabilities

Submitted to

National Assessment and Accreditation Council (NAAC)

3rd Cycle of Assessment



ST.JOSEPH COLLEGE OF TEACHER EDUCATION FOR WOMEN ERNAKULAM KOCHI-682035, KERALA

5.1.1- Sample Feedback Sheets from the Students Participating in Communicating with Persons of Different Disabilities

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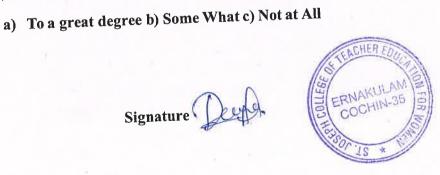


FEEDBACK FORM

Reg. No.: 318 Date 12-08-22
Name: Elsa Susam Kurion
Name of the Programme/Training:
Special School vist
A) The overall experience of this Programme/Training
a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
a) Good b) Average c) Below Average
C) The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D)Information can be put into practice
a) To a great extent b) To some extent c) Not at all
E) This program enhanced my professional expertise
a) To a great degree b) Some What a) Not at All



FEEDBACK FORM
Reg. No.: Date
Name: Deeper Dineshan
Name of the Programme/Training:
Special school visit
A) The overall experience of this Programme/Training
a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
a) Good b) Average c) Below Average
C) The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D)Information can be put into practice
a) To a great extent b) To some extent c) Not at all
E) This program enhanced my professional expertise





FEEDBACK FORM

Reg. No.:31.4	Date .3-3-2023	
Name: Olinta VS		
Name of the Programme/Trair	ning: Visited Learning Disalility school	L.
at Stuclium, Kalama		

- A) The overall experience of this Programme/Training
- a) Satisfied b) Partially Satisfied c). Dissatisfied
- B) The performance of the Presenter or Resource Person
- a) Good b) Average c) Below Average
- C) The content of the Programme Training is
- a) Very Useful b) Useful c) Not Useful
- D)Information can be put into practice
- a) To a great extent b) To some extent c) Not at all
- E) This program enhanced my professional expertise
 - a) To a great degree b) Some What c) Not at All



FEEDBACK FORM

Reg. No.: Date 3/3/23
Name: Bivya Sa Rumar
Name of the Programme/Training: VIIIted Learning
Name of the Programme/Training: Visited Learning Disability School at Stadium tealamassery by MEd 21-23
A) The overall experience of this Programme/Training
a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
a) Good b) Average c) Below Average
C) The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D) Information can be put into practice
a) To a great extent b) To some extent c) Not at
all
E) This program enhanced my professional expertise
a) To a great degree b) Some What c) Not at All
ERNAKULAME



Name: Arrangha Many Name of the Programme/Training: Special A) The overall experience of this Programme/Training (a) Satisfied b) Partially Satisfied c). Dissatisfied B) The performance of the Presenter or Resource Person (a) Good b) Average c) Below Average (c) The content of the Programme Training is (a) Very Useful b) Useful c) Not Useful D) Information can be put into practice (a) To a great extent b) To some extent c) Not at all (b) This program enhanced my professional expertise (a) To a great degree b) Some What c) Not at All



FEEDBACK FORM

Reg. No.: 223240112280

Date 1.0/11/22

Name: Nammy Elizabeth George

Name of the Programme/Training: .SPECIAL .SChool

Visit

- A) The overall experience of this Programme/Training
- a) Satisfied b) Partially Satisfied c). Dissatisfied
- B) The performance of the Presenter or Resource Person
- a) Good b) Average c) Below Average
- C) The content of the Programme Training is
- a) Very Useful b) Useful c) Not Useful
- D)Information can be put into practice
- a) To a great extent b) To some extent c) Not at all
- E) This program enhanced my professional expertise
- a) To a great degree b) Some What c) Not at All





FEEDBACK FORM

Reg. No.:	Date .12/.08/2012
Name: Kaushna T.D	
Name of the Programme/Training:Sput	ch training
experience vice special school	
A) The overall experience of this Progra	amme/Training
a) Satisfied b) Partially Satisfied c). I	Dissatisfied
B) The performance of the Presenter or	Resource Person
a) Good b) Average c) Below Average	
C) The content of the Programme Train	ing is
a) Very Useful b) Useful c) Not Useful	
D) Information can be put into practice	
a) To a great extent b) To some exten	nt c) Not at
E) This program enhanced my profession	nal expertise
a) To a great degree b) Some What	c) Not at All



FEEDBACK FORM

Reg. No.:	Date 12/08/22
Name: Rinta V.S	
Name of the Programme/Training:	Speech training
empunia via spetia	
A) The overall experience of this	Programme/Training
a) Satisfied b) Partially Satisfied of	e). Dissatisfied
B) The performance of the Prese	nter or Resource Person
a) Good b) Average c) Below Aver	rage
C)The content of the Programmo	e Training is
a) Very Useful b) Useful c) Not U	Jseful
D)Information can be put into p	ractice
a) To a great extent b) To some e	xtent c) Not at all
E) This program enhanced my	professional expertise

Signature

a) To a great degree b) Some What c) Not at All





FEEDBACK FORM

Reg. No.:	Date 19-12-20 22
Name: TENSY DAVIS	
Name of the Programme/Training:	8 visite and learner
Name of the Programme/Training: CC about the diperent ab	littles of blind peop
A) The overall experience of this P	5
a) Satisfied b) Partially Satisfied c).	Dissatisfied
B) The performance of the Present	er or Resource Person
a) Good b) Average c) Below Averag	e
C)The content of the Programme T	
a) Very Useful b) Useful c) Not Use	ful
D)Information can be put into prac	etice
a) To a great extent b) To some exte	ent c) Not at all
E) This program enhanced my pr	ofessional expertise
a) To a great degree b) Some W	/hat c) Not at All





ST. JOSEPH COLLEGE OF TEACHEREDUCATION

FEEDBACK FORM
Date 9-10-2022
Name of the Programme/Training: CCB visits and Learna about the different about the people. A) The overall experience of this Programme/Training A) Satisfied b) Partially Satisfied c). Dissatisfied B) The performance of the Presenter or Resource Person A) Good b) Average c) Below Average
Very Useful b) Useful c) Not 3
D) Information can be put into practice
D) Information 5.
a) To a great extent b) To some extent c) Not at
all E) This program enhanced my professional expertise a) To a great degree b) Some What c) Not at All
Signature Signature



FEEDBACK FORM

Reg. No.:	Date .09-14-22
Name: Nasceha Nazer	
Name of the Programme/Training: .T.mai	ning on interaction
with differently abled students	
A) The overall experience of this Progr	amme/Training
a) Satisfied b) Partially Satisfied c).	Dissatisfied
B) The performance of the Presenter of	r Resource Person
a) Good b) Average c) Below Averag	e
C) The content of the Programme Train	ning is
a) Very Useful b) Useful c) Not Useful	
D) Information can be put into practice	e
a) To a great extent b) To some exte	ent c) Not at
all	
E) This program enhanced my professi	onal expertise
a) To a great degree b) Some Wha	t c) Not at All

Signature Signature



FEEDBACK FORM

Reg. No.:	Date 091422
Name: Anju Babu	
Name of the Programme/Training:	raining or interaction
with differently alled stu	dents
A) The overall experience of this P	rogramme/Training
a) Satisfied b) Partially Satisfied c).	Dissatisfied
B) The performance of the Presente	er or Resource Person
a) Good b) Average c) Below Averag	e
C)The content of the Programme T	raining is
a) Very Useful b) Useful c) Not Use	ful
D)Information can be put into prac	tice
a) To a great extent b) To some exte	nt c) Not at all
E) This program enhanced my pro	ofessional expertise
a) To a great degree b) Some W	hat c) Not at All





FEEDBACK FORM

L P P P P P P P P P P P P P P P P P P P
Date10 -11 -2022
- W.T
Name: Apaina: S Name of the Programme/Training: Thaining. Interactions Name of the Programme/Training: About a hidents.
with deflerently - working
experience of this Programme/Training
A) The overall experience (a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
(a) Good b) Average c) Below Average
a) Good b) Average of a
C) The content of the Programme Training is
Very Useful b) Useful c) Not Useful
D) Information can be put into practice
To a great extent b) To some extent c) Not at
all
E) This program enhanced my professional expertise
To a great degree b) Some What c) Not at All





FEEDBACK FORM

FEEDBACK FORM
Date 2022.
Peg No.:
Name: Ashwatu P. Name of the Programme/Training: Training Interactions With differently abled shidents
Name of the Programme, Training
with differently - abild sudden
A) The overall experience of this Programme/Training
A) The overall experience of this s
a) Satisfied Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
(a) Good b) Average c) Below Average
C)The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D)Information can be put into practice
(a) To a great extent b) To some extent c) Not at all
E) This program enhanced my professional expertise
a) To a great degree b) Some What c) Not at All





FEEDBACK FORM

Reg. No.:	Date 021.25.1.2022
Name: Meesta	tes acció
Name of the Programme/Training: Interna	KUVE SESSION
With special school students C	B.Ed. Students)
A) The overall experience of this Progr	amme/Training
a) Satisfied b) Partially Satisfied c). Diss	atisfied
B) The performance of the Presenter or	
a) Good b) Average c) Below Average	
C)The content of the Programme Train	ning is
a) Very Useful b) Useful c) Not Useful	1.61
D)Information can be put into practice	
a) To a great extent b) To some extent o	e) Not at all
E) This program enhanced my profes	ssional expertise
a) To a great degree b) Some What	t c) Not at All





FEEDBACK FORM

Reg. No.:	Date 02/25/2022
Name: Lilly Riga	
Name of the Programme/Training: Inle	nactive. Session.
with special school students. C.	B.Ecl. Students.)
A) The overall experience of this Pro-	gramme/Training
a) Satisfied b) Partially Satisfied c)	. Dissatisfied
B) The performance of the Presenter	or Resource Person
a) Good b) Average c) Below Avera	ige
C) The content of the Programme Tra	
a) Very Useful b) Useful c) Not Usef	ul
D) Information can be put into practi	ice
a) To a great extent b) To some ex	ktent c) Not at
all	
E) This program enhanced my profes	ssional expertise
To a great degree b) Some W	hat c) Not at All







FEEDBACK FORM

Reg. No.:	Date .1.211.01.2022
Name: Asha. Joseph.	
Name of the Programme/Training:रा	ining on
inclusive education	
A) The overall experience of this Progr	amme/Training
a) Satisfied b) Partially Satisfied c). I	Dissatisfied
B) The performance of the Presenter or	Resource Person
a) Good b) Average c) Below Average	e
C) The content of the Programme Train	ning is
a) Very Useful b) Useful c) Not Useful	
D) Information can be put into practice	
a) To a great extent b) To some exte	nt c) Not at
all	
E) This program enhanced my profession	onal expertise
a) To a great degree b) Some What	t c) Not at All
. (1.0)	ERNAKULAM WHE 035
Signature Asha	100



FEEDBACK FORM

Reg. No.:	Date Manifestory
Name: Lakshmi K. P.	
Name of the Programme/Training:	lingon
Inclusive Education	
A) The overall experience of this Progra	mme/Training
a) Satisfied b) Partially Satisfied c). Dissa	tisfied
B) The performance of the Presenter or	Resource Person
a) Good b) Average c) Below Average	
C)The content of the Programme Traini	ng is
a) Very Useful b) Useful c) Not Useful	
D)Information can be put into practice	
a) To a great extent b) To some extent c)	Not at all
E) This program enhanced my professi	onal expertise
a) To a great degree b) Some What c) Not at All

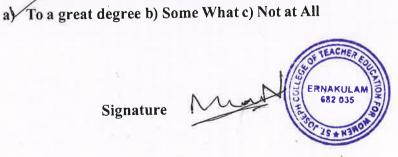
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FEEDBACK FORM

Reg. No.: Date .	14/2/2022
Name: MERIN JOHNY	
Name of the Programme/Training: VISITING	ewining
Name of the Programme/Training: .V.151.tingl	,lamassery
A) The overall experience of this Programme/I	
(a) Satisfied b) Partially Satisfied c). Dissatis	fied
B) The performance of the Presenter or Resour	rce Person
a) Good b) Average c) Below Average	
C) The content of the Programme Training is	20
a) Very Useful b) Úseful c) Not Useful	
D) Information can be put into practice	
a) To a great extent b) To some extent c) No	ot at
all	
E) This program enhanced my professional exp	pertise





FEEDBACK FORM
Reg. No.:
ARVA M.A
Name of the Programme/Training: V151 Hng lewining disubility 8 thool, at studium, Kalamassery
A) The overall experience of this Programme/Training
a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person a) Good b) Average c) Below Average
C)The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D)Information can be put into practice
a) To a great extent b) To some extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Signature

ERNAKULAM 682 035



FEEDBACK FORM

Reg. No.:	Date 03 12 201
Name: Keen themer Tamy	
Name of the Programme/Training:	hkbimax.on. inclusive
class room Capacity. Laha	ument pregramme.
A) The overall experience of this	Programme/Training
a) Satisfied b) Partially Satisfied	c). Dissatisfied
B) The performance of the Prese	nter or Resource Person
a) Good b) Average c) Below Aver	age
C)The content of the Programm	e Training is
a) Very Useful b) Useful c) Not U	Useful
D)Information can be put into p	ractice
a) To a great extent b) To some e	extent c) Not at all
E) This program enhanced my	professional expertise

a) To a great degree b) Some What c) Not at All



FEEDBACK FORM

Reg. No.:	Date 98. [12/20.2].
Name: Athima April	
Name of the Programme/Training:	webinen on incluse
classroom capacity Enhan	tement programmes.
A) The overall experience of this	Programme/Training
a) Satisfied b) Partially Satisfic	ed c). Dissatisfied
B) The performance of the Preser	iter or Resource Person
a) Good b) Average c) Below A	verage
C) The content of the Programme	Training is
a) Very Useful b) Useful c) Not l	Useful
D) Information can be put into pr	actice
a) To a great extent b) To som	e extent c) Not at
E) This program enhanced my pro	ofessional expertise

Signature Ahm

a) To a great degree b) Some What c) Not at All





FEEDBACK FORM

Reg. No.:	Date 2nd Sem
Name: ANN MATHEW	
Name of the Programme/Training: TX.Qu	ming bin
developing learning Just Physically challenged	sources for
A) The overall experience of this Pro	gramme/Training
a) Satisfied b) Partially Satisfied c). Di	ssatisfied
B) The performance of the Presenter	or Resource Person
a) Good b) Average c) Below Average	
C)The content of the Programme Tra	nining is
a) Very Useful b) Useful c) Not Usefu	1
D)Information can be put into praction	ce
a) To a great extent b) To some extent	c) Not at all
E) This program enhanced my profe	essional expertise
a) To a great degree b) Some Wha	at c) Not at All





FEEDBACK FORM 2nd 5em
Reg. No.: Date 24 -7-2020
Name: Neethw P.D
Name of the Programme/Training: Training. on devel-
Name of the Programme/Training: Training on devel- Oping learning guspings for physically Challenged A) The overall experience of this Programme/Training
a) Satisfied b) Partially Satisfied c). Dissatisfied
B) The performance of the Presenter or Resource Person
a) Good b) Average c) Below Average
C) The content of the Programme Training is
a) Very Useful b) Useful c) Not Useful
D) Information can be put into practice
a) To a great extent b) To some extent c) Not at
all
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a) To a great degree b) Some What c) Not at All