



**QUALITY ENHANCEMENT CELL (QEC)
UNIVERSITY OF CHILD HEALTH SCIENCES, LAHORE**

**Proforma- 2
Faculty Course Review Report
(To be filled up by each teacher at the time of Course Completion)**

For completion by the course instructor and transmission to Head of Department or his/her nominee (Department Quality Officer) together with copies of the Course Syllabus outline

Department:		Programme:		
Course:		Title:		
Session:	Semester:	Autumn <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
Name of Course Instructor:	No. of Students Contact Hours	Lectures:	Other (Please State)	
		Seminars:		
Assessment Methods: give precise details (no & length of assignments, exams, weightings etc)				

Distribution of Grade/Marks and other Outcomes: (adopt the grading system as required)

Undergraduate	Originally Registered	%Grade A	%Grade B	%Grade C	D	E	F	No Grade	Withdrawal	Total
No. of Students										
Post-Graduate	Originally Registered	%Grade A	%Grade B	%Grade C	D	E	No Grade		Withdrawal	Total
No. of Students										

Overview/Evaluation (Course Co-coordinator's Comments)

Feedback: first summarize, then comment on feedback received from:
(These boxes will expand as you type in your answer.)

1. Student (Course Evaluation) Questionnaires:

2. External Examiners or Moderators (if any):

3. Student /staff Consultative Committee (SSCC) or equivalent, (if any):

4. Curriculum: comment on the continuing appropriateness of the Course curriculum in relation to the intended learning outcomes (course objectives) and its compliance with the HEC Approved / Revised National Curriculum Guidelines

5. Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)

6. Enhancement: comment on the implementation of changes proposed earlier Faculty Course Review Reports

7. Outline any changes in the future delivery or structure of the Course that this semester/term's experience may prompt

Name: ----- Date: -----
(Course Instructor)

Name: ----- Date: -----
(Head of Department)