Maharashtra Education Society's

Maharashtra Udayagiri Mahavidyalaya, Udgir, Dist. Latur.

Form No…..

Online Teaching Review
Report

Name of Teacher:………………………………………………

Department :………………………..........**Year/ Sem**:……………………

1. **On-line Courses Registered/Completed:**
   - No of Courses
   - Duration (days)
   - Agency (SWYAM/ NPTEL/ EDX/ Any Other-Mention)
   - Certificates Recieved
2. **Learning Videos / Audio Created by faculty** :
   - Number of Learning Videos
   - Topic
   - Mode of sharing)
   - Number of beneficiary students
   - Subject and topic

3. **Third Party Videos/ Learning Resources used for students:**
   - Number of THIRD Party Videos/ Learning Resource used
   - Mode of sharing
   - Number of beneficiary students

4. **Assignments/ Quizzes/ Tests/ Group Discussions, Group Tasks, Role Plays:**
   - Number of Assignments/ Quizzes/ Tests conducted
   - Mode of sharing and mode of reception
   - Number of beneficiary students
5. **Use of Online Classes/ Sessions (like Google Class-room, Zoom, etc):**
   - Numbers of Sessions conducted
   - Type of Tools used (Google class-room, Zoom, etc)
   - Topic covered / taught in %
   - Number of beneficiary students

6.Use of Virtual Lab sessions :
- Number of Virtual Lab sessions conducted
- Type of Tools used (briefly describe the activity completed)
- Topic
- Number of beneficiary students
- Please mention the subject and topic

7.Preparation of Question Bank/ Question Paper/ Lab Manuals:
- Number of Subjects for which Question Bank/ Question paper/ lab Manual developed
- Duration (From-To)
- Name of Subjects
- Please mention the subject and paper

8. Administrative Work Submissions (NAAC/ Project/ Lab development/ Equipment List/ etc):
- Brief Description of Work Completed
- Date
- Subject , if applicable
- Whether this material was submitted to NBA coordinator / Head of department / Dean Academic / Principal ?

9. Social Media for Teaching Learning:
- Whats App
- Facebook
- Instagram
- Telegram
- Any Other

10. Any Other Online Mode , Please mention Details

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……………………………………………………………………
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Date:………..

Teacher   **Head**   **Principal**