



**Pokhara University**  
**Faculty of Health Sciences**  
**SCHOOL OF HEALTH AND ALLIED SCIENCES**

**Performance Progress monitoring form**

**Program:**

**Program Coordinator:**

Year/ Semester	SN	Course Name	Faculty Name	Progress/performance status ((%) and total hours )		
				Theory	Practical	Faculty Response
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

**OVERALL FEEDBACKS**

**LIBRARY**

**FEEDBACK ON CLASS SCHEDULE & CONDUCTION**

**Reviewed By committee :**

**Date :**

**Faculty Response:** (Poor, satisfactory, good, excellent)

**Name of student/s:**

*(Note: this evaluation is to be managed by student counseling, feedback and placement committee of the School and this evaluation has to be completed before the completion of semester)*