



**UNIVERSITY OF GJAKOVA  
"FEHMI AGANI"**

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**SELF ASSASEMNT FORM**

NAME AND SURNAME \_\_\_\_\_ TITLE \_\_\_\_\_

FACULTY \_\_\_\_\_ DATE \_\_\_\_\_

Please answer the call to answer the submitted questions and form to hand them over to Quality Assurance Office until \_\_\_\_\_, in order that with your answers and comments your personal file that is an integral part of your academic progression process, should be completed.

**Instructions to fill in the form:**

-You should give your comments to each question, and if there is not enough space, use an extra page. At the end of each questions you also have squares for grading. Fill in the square for grading, by grading from 1 (that is the lowest grade) up to 5 (that is the highest grade)

**1.Aim and objectives**

Clearly reflected in written and verbal, and precise presentation of syllabus.

Comment:

Assessment: 1    2    3    4    5

**2. Organizing the curriculum:**

Organized process from one activity to another

Comment:

Assessment: 1    2    3    4    5

**3. Using the duration of the lesson**

Comment:

**4. Lecture management / unit development**  
**Environmental control in the hall**

Comment:

Assessment: 1 2 3 4 5

**5. Topic/ important and attractive unit for the student**

Comment:

Assessment: 1 2 3 4 5

**6. Teaching methodology Pedagogy / andragogy**

Comment:

Assessment: 1 2 3 4 5

**7. Interact development and student engagement**

Comment:

Assessment: 1 2 3 4 5

**8 You have used enough technology.**  
**PPP. Films, tests etc.**

Comment:

Assessment: 1 2 3 4 5

**9. Are students guided directly with the necessary literature**

Comment:

Assessment: 1    2    3    4    5

**10. Have you managed to cover the subject and the obligations of teaching during the semester. Have you kept the colloquia according to the syllabus?**

Comment:

Assessment: 1    2    3    4    5

**10. Comment on the results of your assessment by the students**

Comment:

Assessment: 1    2    3    4    5

Total points collected by the self-assessor: \_\_\_\_\_

Additional comments from the self-assessor:

Accepted at the Office for quality by date: \_\_\_\_\_

Qualified person: \_\_\_\_\_