



**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
DIRECTORATE OF ACADEMIC QUALITY ASSURANCE**

QUALITY TEACHING FORM

Class Academic Year

Semester Course Name

Course Code Lecturer Name

Date	WK	Main Topic/Focus of Design Brief	Class Rep. Sign	Lecturer Sign	Class Advisor Sign
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				

(To be filled by Class Representatives and handed to the class advisor weekly)

Number of CATs	No. of practicals	No. of Assignments	Were tutorials given	Were all topics covered

CODs Remarks on Coverage:

Name:	Sign	Date
COD		

