

CABCIN - Establishment of Capacity Building Centers as a sustainable solution to raise the standards of teaching staff in Indian HEIs



# Teaching skills improvement training: Assessment and grading

## Application form

Department:

Academic discipline:

# 1. Personal details Name (first, middle, last): Gender: Birth date (dd/mm/yyyy): Email address: Telephone numbers: Office: Mobile: Current work position:

School:

Academic designation:

### 2.Metrics

2.1 Academic teaching experience

In current institution: ... (years) In total ..... (years)

### 2.2 Professional (non-academic) experience

Position	Main responsibilities	Years

### **2.3** Educational/professional qualification (including teaching certificate if any)

Institution	Degree	Subject	Duration

### 2.4 Have you ever participated in courses related to improving your teaching capacity?Yes/ No

### If yes, please provide further information:

Name of course	Duration (hours)	Year of attendance

### 3. Perceived level of skills mastering

	I strongly disagree			I stro	I strongly agree	
I am able to prepare the grading	1	2	3	4	5	
system consistent with norm-						
referenced grading (scores based						
on performance relative to the						
class as a whole).						
I am able to prepare the grading	1	2	3	4	5	
system consistent with norm-						
referenced grading (scores based						
on performance relative to						
specified standard).						
I am able to not only grade a	1	2	3	4	5	
student but also to give the						
feedback concerning the material I						
am grading.						

I hereby declare that the information provided is true and correct to the best of my knowledge. I authorize the CABCIN partnership to disclose, if needed, in a confidential manner of any information supplied in this application to the Head of my Department or Dean of the School.

Signature

Date

Thank you for applying CABCIN Team