PARENT'S FEEDBACK FORM

Name of Candidate:
Year-2022-23
Name of Parent / Guardian:
(The following feedback will be kept confidential. Please tick ($$) the appropriate box)

S. N.	Value Points	Excellent (5)	Very Good (4)	Good (3)	Satisfa ctory (2)	Not Satisfact ory
1	Your opinion about the academic standard of the institute					
2	Your rating about the teaching methods adopted in the college					
3	Assessment about the teaching / learning process in the institute					
4	Individual attention given to the student by teacher					
5	The impact of teacher in motivating your ward					
6	Your rating about the Teacher-Student relationship					
7	Your overall rating about our teacher					
8	Importance given to communicative English					
9	Your rating about the institute discipline?					
10	Counseling provided to students at present.					
11	Safe and orderly environment					
12	Overall infrastructural facilities of the institute					
13	Hostel facility					
14	Friendliness and Courteousness of the institute Teaching and non-teaching staff					

15	Your relationship with the Principal			
16	Your overall rating about the institute management			
Total				

Parent's detail		
Father's name:		
Mother's name:		
Address:		
Contact No: ®	Mobile:	
Father's/ Guardian Signature:		