**FEEDBACK FORM**

**PARENTS**

Dear Parent/s

We welcome you to complete this feedback form about various aspects of your ward’s experience in the College.

Name of the Parent/s:

Name of the ward:

Class: Academic Year:

Please tick mark (√) to indicate your answers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No.** | **Areas** | **Very Good** | **Good** | **Average** |
| 1. | Facilities including infrastructure, canteen, counseling, security, library, placement |  |  |  |
| 2. | Learning opportunities provided |  |  |  |
| 3. | Co-curricular activities |  |  |  |
| 4. | The social environment in terms of diversity and inclusiveness |  |  |  |
| 5. | Field Work Internships/Block Placements/Camps |  |  |  |
| 6. | Approachability of staff members: Teaching and Non-Teaching Staff |  |  |  |
| 7. | Communication regarding attendance and performance of your ward |  |  |  |

Any Suggestions/Comments:

Name and signature of the Parent/s:

Date:

**THANK YOU FOR YOUR TIME!**