

PARENTAL SATISFACTION FEEDBACK FORM

PARENT'S NAME _____

CLASS _____

WARD'S NAME _____

ROLL NO. _____

NOTE : Isabella Thoburn College strives to provide education as per the changing needs of society and students. Parents are important stakeholders of education, therefore their satisfaction is important to us. Parents are requested to give their feedback on the following features/facilities college is providing to their ward. Please rate each feature and assign numbers according to the following response scheme.

1. Excellent 2. V. Good 3. Good 4. Average 5. Poor

Sl.No.	Features	Rating
01	Provision of career oriented programmes	
02	The Teaching-Learning Environment	
03	System of Monitoring Student's Progress	
04	Competence & Commitment of Faculty	
05	Encouragement provided to students for Participation in Academic Forums	
06	Response to Community Needs and Extension Programmes	
07	Promotion of Self Study & Attitude of Research-Orientation	
08	Infrastructure Facilities	
09	Learning Resources such as Library, Internet, Computer etc.	
10	Support Services like Bank, Canteen, Student Center, Career Counseling Cell etc.	
11	Enhancement of Student's Personality	
12	Institutional Sensitivity to changing educational, social & market demands (Spoken English, Foreign Languages, Courses, Personality Development Programmes, Career Oriented Programmes etc.)	
13	Value Based Education	
14	Discipline Practices	
15	Parental Pride & Respect for the College	
16	Response & Communication with the College	
<u>Suggestion Regarding:</u>		
New Courses :		
New Subjects :		
New Activities :		
Any other :		

PARENT'S SIGNATURE

ACKNOWLEDGEMENT

PARENT'S NAME _____

CLASS _____

WARD'S NAME _____

ROLL NO. _____

She has submitted the Parental Satisfaction Feedback Form.

TEACHER'S NAME _____
SIGNATURE