

Date-

PARENT/GUARDIAN FEEDBACK FORM

Name : _____

Address : _____

Tele. No : _____

Email id : _____

Ward Name : _____

Year/Branch: _____

Roll No : _____

Please fill this feedback form. We assure you that this will enable us to improve your wards performance.

Sr. No.	Observation	Excellent 5	Very Good 4	Good 3	Average 2	Poor 1
1	Are you satisfied with the student discipline of the college?					
2	Does your ward/ Institute regularly inform you about her/his performance?					
4	Are you satisfied with the quality of teaching offered by the college?					

Sr. No.	Observation	Excellent 5	Very Good 4	Good 3	Average 2	Poor 1
5	Has the counselor responded in a timely manner when you have had questions or concerns?					
6	Do you feel that the collage management has been firm, fair and friendly?					
7	Do you feel your ward has been given the support he/she needs to succeed?					
8	Do you feel that the Curriculum of your ward will met the industry requirements?					

Total score / index (Max. 40)	
Converted to percentage (%)	

Your suggestions, if any, please:

Signature

Signature