

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? | | | | | |

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

Your suggestions, if any, please:

Signature

Signature