



Sunbeam School, Varuna-Varanasi

Parent's Feedback Form

(For Classes IX - XII)

(This form is to be dropped in the drop box by 25th January'2014)



0542 -2281190
0542- 2281191

Date 20.01.14

Name Class/Sec.....

Name of the parent/guardian (filling the form)

Mobile no./Ph. no. e-mail id

Dear Parents,

As we come to an end of this session this is an effort from our end to improve the overall performance of your child entrusted to us. Your suggestions can be very valuable in making the **Teaching-Learning Programme** more effective and also for all-round development of your child.

Please give your feedback on the rating scale of 0-10 (10-excellent, 0-needs improvement)

1. ☐ Information from the school to the parents on various academic and administration-related matters.
2. ☐ Relevance of information provided by the teachers regarding your ward's progress during PTMs.
3. ☐ Grievance redressal or action taken to solve your problems regarding school delivery system.
4. ☐ Opportunity to meet administrators/teachers to discuss/sort out your problems.
5. ☐ The entire system of unit tests and exams.
6. ☐ Quality of copy correction and the time frame of the same.
7. ☐ Quality of question banks/enjoyment/motivational sheets provided.
8. ☐ Opportunity provided in the school for your child's all-round development.
9. ☐ Quality of language teaching (English, Hindi, Sanskrit and French).
10. ☐ Quality of teaching in the main subjects and clearing of concepts.
11. ☐ Quality of value education and life skills being imparted in the school through various sources.
12. ☐ Quality of various sports and LTA coaching.
13. ☐ Quality of technology aided learning/usage of supplementary aids to enhance learning.
14. ☐ Quality of infrastructural support/classroom environment/lab facilities.
15. ☐ Quality of the libraries/library system/books available/issuance of books.
16. ☐ Qualitative improvement in your child (in speaking/reading/understanding/expressing) over the last one year.
17. ☐ Quality of value additions like ASSET, ICS, Stress Management, School Counselor, Olympiads.
18. ☐ Quality of Formative Assessments in classes IX & X.

19. Areas in which you want your child to improve.

a) _____
b) _____

c) _____
d) _____

20. Areas in which you want the school to improve further.

a) _____
b) _____

c) _____
d) _____

21. Does your child feel confident with his/her performance in the school ? If yes/no, why ?

Parent's Signature _____

Date : _____

Action taken by the school authorities

Signature of the Admin In-charge



Sunbeam School, Varuna-Varanasi

Parent's Feedback Form

(For Classes I to VIII)

(This form is to be dropped in the drop box by 25th January'2014)



0542 -2281190
0542- 2281191

Date 20.01.14

Name Class/Sec.....

Name of the parent/guardian (filling the form)

Mobile no./Ph. no. e-mail id

Dear Parents,

As we come to an end of this session this is an effort from our end to improve the overall performance of your child entrusted to us. Your suggestions can be very valuable in making the **Teaching-Learning Programme** more effective and also for all-round development of your child.

Please give your feedback on the rating scale of 0-10 (10-excellent, 0-needs improvement)

1. Information from the school to the parents on various academic and administration-related matters.
2. Relevance of information provided by the teachers regarding your ward's progress during PTMs.
3. Grievance redressal or action taken to solve your problems regarding school delivery system.
4. Opportunity to meet administrators/teachers to discuss/sort out your problems.
5. The entire system of unit tests/class tests and exams.
6. Quality of copy correction and the time frame of the same.
7. Quality and quantity of worksheets/assignments/enjoyment sheets provided.
8. Opportunity provided in the school for your child's all-round development .
9. Quality of language teaching (English, Hindi, Sanskrit and French).
10. Quality of teaching Maths, Science/Ev.S and Social Science subjects and clearing of concepts.
11. Quality of value education and life skills being imparted in the school through various sources.
12. Quality of various sports and LTA coaching.
13. Quality of technology aided learning/usage of supplementary aids to enhance learning.
14. Quality of infrastructural support/classroom environment/lab facilities.
15. Quality of the libraries/library system/books available/issuance of books.
16. Qualitative improvement in your child (in speaking/reading/understanding/expressing) over the last one year.
17. Quality of value additions like ASSET, School Counselor, Stress Management, Olympiads.
18. Quality of Formative Assessments in classes VI to VIII.

19. Areas in which you want your child to improve.

- a) _____
b) _____

- c) _____
d) _____

20. Areas in which you want the school to improve further.

- a) _____
b) _____

- c) _____
d) _____

21. Does your child feel confident with his/her performance in the school ? If yes/no, why ?

Parent's Signature _____

Date : _____

Action taken by the school authorities

Signature of the Admin In-charge



Name **Class/Sec.**.....

Name of the parent/guardian (filling the form)

Mobile no./Ph. no. **e-mail id**

Dear Parents,

As we come to an end of this session this is an effort from our end to improve the overall performance of your child entrusted to us. Your suggestions can be very valuable in making the **Teaching-Learning Programme** more effective and also for all round development of your child.

Please give your feedback on the following parameters by ticking on one of the options.

1. How many times have you visited the school in the current academic session ?
☐ Never ☐ Only during PTMs ☐ Regularly
2. Has your child completely adjusted to the school and the teachers ?
☐ Yes ☐ No ☐ There is still scope for improvement
3. Is the syllabus precise and clear ?
☐ Yes ☐ No ☐ Is slightly confusing
4. Does your child talk about the school activities and information of the theme of the class ?
☐ Always ☐ Never ☐ Sometimes
5. Does he/she look forward to come to the school ?
☐ Always ☐ Never ☐ Sometimes
6. Do you see any improvement in the language of your child ?
☐ Remarkable improvement ☐ He is still like before ☐ Improvement is slow
7. Do you support your child in speaking English at home ?
☐ Always ☐ Never ☐ Sometimes
8. Do you think that the English and Hindi spelling and listening drills have helped the child in mastering the languages ?
☐ Yes ☐ No ☐ There is still scope for improvement
9. Do you feel that enough number of sums/number work is done in the class to enable the child to grasp the Maths concepts ?
☐ Yes ☐ No ☐ There is still scope for improvement
10. Do you feel enough of creative work is done in the school ?
☐ Yes ☐ No ☐ There is still scope for improvement
11. Do you feel that your child's General Awareness has increased since he/she has joined the school?
☐ Remarkable improvement ☐ He/she is still like before ☐ Improvement is slow
12. Do you visit the Sunbeam School Website ?
☐ Always ☐ Never ☐ Sometimes
13. Has the school been able to instill the right values and ethics in your child ?
☐ Remarkable improvement ☐ He/she is still like before ☐ Improvement is slow
14. Do you feel that your child is developing confidence through stories, rhyme, competitions etc.?
☐ Yes ☐ No ☐ There is still scope for improvement

15. Do you feel that there are adequate facilities available within the school premises for your child to develop in the field of sport and physical fitness ? ☐ Yes ☐ No
If no, what are the suggestions ?
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16. Has the school been able to develop an aesthetic and creative sense in your child through the arts and music classes ? ☐ Yes ☐ No
If no give suggestions -
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.....

17. **Please give your feedback on the rating scale of 0-10 (10-excellent, 0-needs improvement)**

<input type="checkbox"/>	Assignments in Learner's Comate
<input type="checkbox"/>	Worksheets related to festivals and values in the Learner's Comate
<input type="checkbox"/>	Group work/Pair work
<input type="checkbox"/>	Class work
<input type="checkbox"/>	Home work
<input type="checkbox"/>	Corrections
<input type="checkbox"/>	DIGI - Boards
<input type="checkbox"/>	Security in different points in the school.
<input type="checkbox"/>	Children's pick-up after the school

18. Is your child being exposed to Conversation Corner, Water Play, Sand Play, Ball Pool, Kitchen Corner ?
☐ Yes ☐ No

19. Does your child enjoy story telling and audio sessions in the school ?
☐ Yes ☐ No

20. Areas in which you want your child to improve.

a) b)
c) d)

21. Areas in which you want the school to improve further.

a) b)
c) d)

22. How happy are you to be a parent of a Sunbeamian ?
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.....
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Parent's Signature _____

Date : _____

Action taken by the school authorities

Signature of the Admin In-charge