PARENT TO GOVERNOR FEEDBACK FORM

Parent's Name: _____

Child's Name: _____

Child's Class: _____ Child's Year: _____

The above is optional information to give; however, it may help us rectify any issues more quickly

WHAT'S WORKING WELL?
WHAT CAN WE DO BETTER?
SUGGESTIONS:
GENERAL FEEDBACK:

(Please use the back of this form if necessary)