

PARENTS- TEACHER MEETING FEEDBACK FORM

1. Views on Organizing Parents teacher meeting

1. Excellent 2. Very Good 3. Good 4. Not Required

2. Academic Progress of your ward

1. Excellent 2. Very Good 3. Average 4. Poor

3. Teaching standard and Teachers approach towards student.

1. Excellent 2. Very Good 3. Average 4. Poor

4. In which area (curricular- extracurricular) your ward required improvement? How College can help him/her to overcome it.

5. Valuable suggestions for improving teaching process.

Name of Student: _____

Faculty: _____

Parents Name: _____

Occupation: _____

Address: _____

Contact No: _____

Mobile: _____

E-mail: _____

Signature: _____