Parent Feedback Form Template

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Communication**

* **Effectiveness of teacher communication with parents:** [Checkbox] Very Satisfied [Checkbox] Satisfied [Checkbox] Neutral [Checkbox] Unsatisfied
* **Clarity of school policies and procedures:** [Checkbox] Very Satisfied [Checkbox] Satisfied [Checkbox] Neutral [Checkbox] Unsatisfied

**II. Academic Feedback**

* **Satisfaction with the curriculum:** [Checkbox] Very Satisfied [Checkbox] Satisfied [Checkbox] Neutral [Checkbox] Unsatisfied
* **Homework load:** [Checkbox] Too Much [Checkbox] Just Right [Checkbox] Too Little

**III. General Feedback**

**Please share any other comments or suggestions:**

**IV. School Services Evaluation**

**Evaluate the following services provided by the school:**

| **Service** | **Excellent** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| Library Resources |  |  |  |  |
| School Cafeteria |  |  |  |  |
| Transportation |  |  |  |  |
| Counseling Services |  |  |  |  |

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