

School Feedback Form for Parents Sample PDF

Parent/Guardian Name: _____

Student Name: _____

Grade/Class: _____

Date: _____

I. School Environment

- **Safety and Security:** Excellent Good Average Poor
- **Cleanliness and Maintenance:** Excellent Good Average Poor

II. Academic Aspects

- **Quality of Teaching:** Excellent Good Average Poor
- **Curriculum Relevance:** Excellent Good Average Poor

III. Additional Comments

Please provide any specific feedback or suggestions for improvement:

IV. Satisfaction Rating

Please rate the following aspects of the school from 1 (Poor) to 5 (Excellent):

Aspect	1	2	3	4	5
School Communication					
Extracurricular Activities					
School Facilities					
Support Services					
Teacher Accessibility					
Parental Involvement					
