

# Positive Feedback Form for Parents

## Parent and Student Information

Parent's Name: \_\_\_\_\_

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

Grade Level/Class: \_\_\_\_\_

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

## Positive Feedback Section

1. What are the most positive aspects of your child's experience in this school year?

\_\_\_\_\_

2. Describe a recent experience where the school exceeded your expectations:

\_\_\_\_\_

## School Environment and Culture

3. Rate your satisfaction with the school's environment and inclusivity:

Excellent  Good  Neutral  Needs Improvement

## Parent's Observations

4. List any specific teachers or staff members who have positively impacted your child's education:

\_\_\_\_\_

5. Areas where you feel the school is particularly strong (check all that apply):

Academic Programs  Extracurricular Activities  Safety

Communication

## Suggestions for Ongoing Improvement

- Do you have any suggestions to further enhance the school's positive atmosphere?

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**Final Comments**

**Additional Positive Feedback:**

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**Signature**

**Parent Signature:** \_\_\_\_\_

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