

School Feedback Form for Parents

Parent Information

Full Name: _____

Student's Name: _____

Grade/Year Level: _____

Date: _____

School Experience Feedback

1. How would you rate your child's overall experience at the school?

Excellent Good Fair Poor

2. How satisfied are you with the school's communication and updates?

Very Satisfied Satisfied Neutral Dissatisfied

3. Academic Support:

- What academic support has been helpful for your child?

- What additional resources would you recommend?

Extracurricular Activities Feedback

4. Is there a sufficient range of extracurricular activities for students?

Yes No

5. If not, what activities would you like to see added?

School Environment

6. How safe does your child feel at school?

Very Safe Safe Neutral Unsafe

7. Additional Comments or Suggestions:

Signature

Parent Signature: _____

Date: _____