

PARENT'S FEEDBACK FORM

Name of Candidate: _____ Class:]

Name of Parent / Guardian: _____

(The following feedback will be kept confidential. Please tick (✓) the appropriate box)

S. N.	Value Points	Excellent (5)	Very Good (4)	Good (3)	Satisfactory (2)	Not Satisfactory (1)
1	Your opinion about the academic standard of the institute					
2	Your rating about the teaching methods adopted in the school					
3	Assessment about the teaching / learning process in the institute					
4	Individual attention given to the student by guardian teacher					
5	The impact of teacher in motivating your ward					
6	Teaching of English in institute					
7	Your rating about the Teacher-Student relationship					
8	Your overall rating about our teacher					
9	Importance given to communicative English					
10	Your rating about the institute discipline?					
11	Counseling provided to students at present.					
12	Safe and orderly environment					
13	Personality development & other training programme given at present.					
14	Overall infrastructural facilities of the institute					
15	Class rooms and audio system					
16	Practical laboratories					
17	Computer Lab					
18	Seminar Hall					
19	Library facility					
20	Hostel facility					
21	Co-operation from the institute office & Accounts dept.					
22	Organisation of annual Pharmacists day					
23	Friendliness and Courteousness of the institute Teaching and non-teaching staff					
24	Your relationship with the Principal					
25	Your overall rating about the institute management					
Total						

Your views

(Express your views in English / हिंदी)

(This information will help us to define PEO i.e. Programme Educational Objectives of our institute)

1. What should be institute's mission: (for present)

2. What should be institute's vision: (for future)

3. Any other suggestions:

Parent's detail

Father's name: _____

Mother's name: _____

Father's Occupation: _____

Address: _____

Contact No: ® _____ Mobile: _____

E-mail: _____

Father's/ Guardian sign

Mother's sign
