



Feedback form for Parents

Parents Education: Graduate/ Post Graduate/ Any other

Occupation: Cultivation /Business /Employee (Public Sector)/ Employee (Private Sector)/ Any Other.

Name of ward:

Name of Father/ Mother:

Name of guardian & Relationship with Student (If not Parents):

Academic year/Semester

Department Studying:

This questionnaire is intended to collect information relating to your satisfaction towards the curriculum, learning, evaluation and other efforts related to students overall growth. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the program of studies/institution. Please mark a tick 'v' in the appropriate cell for every statement.

<i>S.no</i>	<i>Question</i>	<i>Excellent(5)</i>	<i>Very Good (4)</i>	<i>Good (3)</i>	<i>Average (2)</i>	<i>Poor (1)</i>
1.	The quality of the education is					
2.	How do you rate the quality and relevance of the courses included into the curriculum?					
3.	Your opinion about other activities like seminars, meditation classes, sports etc, conducted					
4.	Your opinion about the department staff and their support to your ward					
5.	Your opinion about the subject faculties and the lab equipment					
6.	Your confidence on the employability of your ward based on this programme of study					
7.	Academic growth of your ward					
8.	Communication skill of your ward					
9.	Your ward's consciousness about environment, energy, conservation, Cleanliness.					
10.	Library facilities					
11.	Sports facilities					
12.	Teachers engaging students with real life activities, teaching moral values and shaping their careers					
13.	The total atmosphere of the Institution					
14.	Is your ward given enough exposure as far as career orientation is concerned?					
15.	Are the authorities easily approachable regarding any queries?					

a) Any specific reason for selecting the Institution for your ward?



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- b) Do you have any suggestion as to how this institution can help its students even more?
Signature: