

## PARENT FEEDBACK FORM

- 1) Name of parent ..... Chait Singh .....
- 2) Name of student..... Laxmi Thakur .....
- 3) Class..... B.A ..... Year..... II<sup>nd</sup> year .....
- 4) Please give your impressions about the following (please tick  whichever is applicable)

Number	Area	Excellent	Very good	Good	Satisfactory	Not satisfactory
1	Teaching			<input checked="" type="checkbox"/>		
2	Discipline			<input checked="" type="checkbox"/>		
3	Interaction with staff			<input checked="" type="checkbox"/>		
4	Extracurricular activities		<input checked="" type="checkbox"/>			

Suggestions for further improvement:

.....

.....

.....

.....

.....

Date.....

Chait Singh  
.....  
Signature