

## PARENT FEEDBACK FORM

- 1) Name of parent ..... Shailesh Meshram .....
- 2) Name of student..... Diksha Meshram .....
- 3) Class..... B.Sc .....Year..... II .....
- 4) Please give your impressions about the following (please tick ✓ whichever is applicable)

Number	Area	Excellent	Very good	Good	Satisfactory	Not satisfactory
1	Teaching			✓		
2	Discipline			✓		
3	Interaction with staff			✓		
4	Extracurricular activities			✓		

Suggestions for further improvement:

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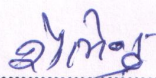
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Date.....

  
Signature