






PARENT FEEDBACK FORM

Dear Parents,
Please take a moment to fill in the form below. Your feedback is highly valued and appreciated. It helps us to reflect on our teaching practices and to bring improvements in our school system.

Thank you.

	Agree	Neutral	Disagree
 Queries are resolved promptly by the school administration.			
 The school administration keeps me updated about my child's academic progress regularly.			
 I feel comfortable while sharing information about my child's experience with the school management.			
 My child has developed a beneficial relationship with his/her teacher and class fellows.			
 The school has kept me informed of other issues related to my child's school experience.			
	Score		
	Cumulative Score		

FOR OFFICIAL USE ONLY:

Score

Cumulative Score

Particulars of my Child

Name: _____ Class: _____ Section: _____

School: _____ Campus: _____

Student ID/Roll No. _____

Parent's Signature: _____

Date: _____