

## Feedback form for Parents

### Brief Parents Information :

1. Full Name : \_\_\_\_\_  
2. Address : \_\_\_\_\_

### Fill in the box with the number given below :

- 1) Curricular   
2) Infrastructure   
3) Student counseling and Guidance   
4) Teacher-Student relation   
5) Examination system in the college   
6) Extra-curricular activity   
7) Academic Discipline

**5 - Excellent    4 - Very Good    3 - Good    2 - Fair    1 - Bad**

Signature of the Parent/Guardian : \_\_\_\_\_

Signature, : \_\_\_\_\_

Name of Student : ( \_\_\_\_\_ )

Class of student : \_\_\_\_\_