



Session: _____

PARENT FEEDBACK

The Parents and guardians of our students are an important part of the various stake holders and we value their feedback to improve the services offered at the College. Hence, this questionnaire is submitted to you to kindly fill it and send back to us.

Kindly handed over to Head of Department (HOD): _____

Name of ward: _____

Branch/ Semester: _____

Name of parent/guardian: _____

Contact details: _____

Date: _____

You chose the college because of (please tick the correct options)	
a) Environment and Ambience	
b) Affordable fee structure	
c) Recommended by an Alumni	
d) Its vicinity and location	
e) Reputation as disciplined Institution	

1: Poor, 2: Average, 3: Good, 4: Very Good, 5: Excellent

Please rate the college from parent's perspective (tick one box for rating)						
Sr. No.	Particulars	1	2	3	4	5
1	Scrutiny of the Ward					
2	Discipline					
3	Quality of Teaching					
4	Extracurricular activities					
5	Campus atmosphere					
6	Laboratory facilities					
7	Examination system					
8	Sports facilities					
9	Student amenities such as sports, Wi-Fi, canteen, library etc.					

Your valuable suggestions: _____

Signature of Parent: _____