

FEEDBACK PERFORMA FOR PARENTS

Name: (Optional) _____

Telephone no. _____

Address: _____

E-mail Id: _____

Class of the students/Department: _____

Kindly give your views and suggestions pertaining to the following aspects.

S.No.	Statement	Excellent	Very Good	Good	Average
1.	Quality of Infrastructure				
2.	Quality of Teaching				
3.	Career Oriented Curricular				
4.	Opportunities for Skill development				
5.	Opportunities for Co-curricular activities				

Suggestions if any _____

Signature: _____