

PARENTS FEED BACK FORM

1	Name of student	
2	Father/Mother name	
3	Course & Year	
4	Assessment	Rating
A	College	
B	Teacher	
C	Subject	
D	Time	
E	Hostel Facilities	
F	Library Facilities	
G	Transport System	
H	Exam Schedule	
I	Clinical Posting	
5	Are you satisfied with service rendered by our collage Yes/No If No please mention the Reason	
6	Please suggest your views on our improvement	

RATING SCALE	MARKS
Excellent	5
Very Good	4
Good	3
Satisfactory	2
Not Satisfactory	0

Signature of Parent

