

PARENT FEEDBACK FORM

1. Name of parent: _____
2. Name of student: _____
3. Class: _____ Year: _____
4. Please give us your impressions about the following (please tick ✓ whichever is applicable):

Number	Area	Excellent	Very Good	Good	Satisfactory	Not satisfactory
1	Teaching					
2	Discipline					
3	Interaction with Staff					
4	Extra-curricular Activities					

Suggestions for further improvement:

Date: _____

Signature