

Feedback form for Parents

Dear Parents ,

This form has been designed to seek feedback from you to strengthen the quality of teaching-learning environment, to provide best possible facilities and modern infrastructure. The information provided by you will be kept confidential.

Directions:

For each item please indicate your level of agreement with the following statements by selecting appropriate option.

 **lbsaciqac@gmail.com** (not shared) [Switch accounts](#)



***Required**

Name of the Parent *

Your answer

Name of the Student *

Your answer

Contact No *

Your answer

Course Admitted *



Choose

Address *

Your answer

Mobile No. *

Your answer

1. How do you rate the program that you ward is undergoing in terms of the load of the courses in different semesters? *

- Excellent
- Very Good
- Good
- Fair
- Poor

2. How do you rate the availability of the Text and reference books in the Market? *

- Excellent
- Very Good
- Good
- Fair



Poor

3. How do you rate the quality and relevance of the courses included into semester? *

Excellent

Very Good

Good

Fair

Poor

4. How do you rate the ambiance of the university for effective delivery of the academic program? *

Excellent

Very good

Good

Fair

Poor

4. How do you rate the ambiance of the university for effective delivery of the academic program? *

Excellent

Very good



- Good
- Fair
- Poor

5. How do you rate the courses in terms of their relevance to the latest technologies or future technologies? *

- Excellent
- Very good
- Good
- Fair
- Poor

6. How do you rate the program based on the comfort of your ward in coping with the workload? *

- Excellent
- Very good
- Good
- Fair
- Poor

7. How do you rate the quality of teaching in the university /College? *

- Excellent
- Very good
- Good
- Fair



Poor

8. How do you rate the outcomes that your ward has achieved from the courses?

*

Excellent

Very good

Good

Fair

Poor

9. How do you rate the transparency of the evaluation system in the college and University? *

Excellent

Very good

Good

Fair

Poor

Submit

Clear form

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