Parents Feedback on Curriculum

Date of Feedback:	
Student Name:	Program Year:
Registration Number:	Parent Name:
registration Number:	College of Institute of study:
0	s moderate of study;

_			College of Institute of study:			
1	Questions	Excellent (4)		Average	Poor	Comments
	The your tate the program that your ward	<u> </u>	(3)	(2)	(1)	
	is undergoing in terms of the workload of					
2.	the courses in different semesters?					
۷.	" ac you rate the quality and relevance of I					
	the subjects/courses included into the semester?					
3.	Journal of the					
	students by the faculty irrespective of the					
	background of the student that includes					
	Gender, cast, community creed etc in					
_	teaching and evaluation?					
4.	How do you rate ambience of the					
	college/institute for effective delivery of the					
_	academic programs?					
5.	How do you rate the subjects/courses in					
	terms of their relevance to the latest	,			1	
_	technologies or future technologies?					
•	How do you rate the programs based on the					
	comfort of your ward in coping with the workload?					·
	How do you rate the quality of teaching in			· · · · · · · · · · · · · · · · · · ·		
	the college?					
l.	How do you rate the outcomes that your					
	ward has achieved from the					
	subjects/courses?					
	How do you rate the transparency of the			<u> </u>		
_	evaluation system in the college?					
0.	How do you rate the subjects/courses					
	nelping in developing your wards					
_	personality?					
	How do you rate the college activities that	 -				
	help your ward in getting internship				1	
	placement and admission in higher learning					
4	institutions?					
	How do you rate the transformation of your					
\bot	ward?					
		L				

Any Additional (Comments/Suggestions
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Date:....



Signature of Subject Teacher