Reference №: SRCOE/Dep't:_____ Date:

Parental Feedback

Dear Parents,

SRCOE has set up a short questionnaire called Parent View, which parents can use to give their views about our college. As well as helping inspection committee make a judgment about the college, your answers will enable us to find out what we are doing well and areas in which we could improve.

To complete this questionnaire, you need to fill basic *information about yourself* information and your ward (son/daughter).

1. **Name of Student:-**
2. **Department:- . . . . Class:-** FE/SE/TE/ BE **Div:-** A/B/C
3. **Name of the Parent:-**
4. **Residential Address :-**
5. **Occupation of the Parent :-**
6. **Office Address: -**
7. **Mobile №.:-** **8. E-mail address:-**

Feedback Form:-Please give your feedback on the basis of following scale of evaluation.

Excellent: 4 **Good: 3** **Average: 2** **Below Average: 1**

Sr. №.	Review Points	Rating
1	The quality of teaching	
2	Environment in the Institution for academics (Teaching/Library/Laboratory	
3	Environment for Co-curricular activities and extracurricular activities (Sports/Cultural)	
4	Accessibility of the departmental staff for parents	
5	Additional efforts taken by the department to improve overall technical skill and awareness.	
6	Career guidance and campus placement activities conducted.	
Any Special points which you will like to mention:		

We sincerely thank you for your valuable feedback.

Signature:-

AB.C
Parent
Date:-