



Parents Teachers Meeting B.Pharm. AY 20....-20....
PARENT FEEDBACK FORM

Name of the Student: _____

Semester/Annual Year: _____

Name of the Parent: _____

Phone No. of the Parent: _____

Your feedback on the following. Please tick mark appropriate field.

1. Teaching- learning process

Excellent Very Good Good Average Needs improvement

2. Cocurricular and extracurricular activities

Excellent Very Good Good Average Needs improvement

3. Overall Development of your child

Excellent Very Good Good Average Needs improvement

Suggestions

Signature
