INTERNAL QUALITY ASSURANCE CELL(IQAC)

PARENT'S FEEDBACK ON COLLEGE

Name of the Student: Name of the Course:

Academic year:

Parent/Guardian Name: **Contact Number:**

Please rate the following parameters on a scale of 1 to 5:

Excellent (5)	**Very Good (4)**	**Good (3)**	**Average(2)**	**Poor (1)**

S.no.	Parameters	Excellent	Very Good	Good	Average	Poor
1	Quality of teaching and learning					
2	Regularity of classes and academic schedule.					
3	Curriculum relevance to industry/real-life needs.					
4	Student progress and performance tracking.					
5	Faculty accessibility and support.					
6	Cleanliness and maintenance of classrooms and campus.					
7	Library facilities and learning resources.					
8	Laboratory and computer facilities.					
9	Safety and security measures on campus.					
10	Communication from college regarding attendance/performance.					
11	Co-curricular and extra-curricular activities.					
12	Career guidance and placement efforts.					
13	Overall satisfaction with the college.					

Additional Comments/Suggestions: