

CREATIVE TECHNO COLLEGE, ANGUL
Feedback from Parents

1. Name of the Parent :
2. Name of the Student :
3. Batch / Year :
4. Day Scholar / Hosteller :

SI no.	Particulars	Grading
		Rate between 1 to 10 (1 for lowest and 10 for highest)
General Aspects		
1.	College Environment	
2.	Staff Behavior and Knowledge	
3.	Security of Students	
4.	Cleanliness and Maintenance	
Academics		
5.	Quality of Teaching	
6.	Improvement in Students	
Communication		
7.	Clarity of School Policies and Procedure	
8.	Effectiveness of faculty communication with Parents	
9.	Pressure / workload on students	
10.	Respect for teacher / staff / College	
11.	How satisfied are you with the academic support provided to your child?	

1. What do you appreciate the most about the college?

2. What areas to you think improvement is required?

3. Any additional comments / suggestions?

Signature of the Parent _____