

BALAJI COLLEGE OF ART'S, COMMERCE & SCIENCE

FEEDBACK FORM –PARENT-TEACHER MEET FOR THE ACADEMIC YEAR 2018-2019

Name of the Parent _____

Name of the Student _____

Date _____

Time of Visit _____

Class of Student: _____

1. Your feedback about academic discipline.

2. Your opinion about college imparting education to the students.

3. Your opinion about student's progress in general

4. Any Suggestions from your side

Professor In-charge

Parent's Signature