



## Parents' Feedback Form

1. Kid's name: - Pri Tevisha Jha.

2. Parents' name: - Shashi Shekhar Jha.

3. Class: I Session: 22-23.

4. Please give us your impressions about the following (please tick (✓) which ever is applicable):

Number	Area	Excellent	Very good	Good	Satisfactory	Not satisfactory
1	Teaching	✓				
2	Discipline	✓				
3	Interaction with staff	✓				
4	Extra curricular activities	✓				

Remarks about the school:

excellent; TAKES GOOD CARE  
OF OVERALL STUDENT GROWTH, KEEP UP  
THE MOMENTUM TO ACHIEVE GREATER  
HEIGHTS AND CHURN OUT GREAT STUDENTS  
AND OVERALL A GOOD HUMAN BEING

Date: 28/3/2022

Signature: [Signature]