



## Parents' Feedback Form

1. Kid's name: Aadya Acharya

2. Parents' name: Vandana Acharya

3. Class: L.K. 4 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:

Good environment and best teaching faculty.

Susma

Date : 28/3/23

Signature: