Parents' Feedback Form

1. Kid's name: _Rishabh Jha._

2. Parents' name: _Ashish Jha_

3. Class: _4th._   Session: _2023-024_

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:

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Date : _28/03/23_   Signature: _Arun_