

# Gokhale Memorial Girls' College

## Guardians' Feedback

1. Name of the student:
2. Roll No.:
3. Department:
4. Guardian Name, Address with Phone number:

Please grade according to the 4-point scale:

A-Excellent, B- Good, C- Average, D- Needs Improvement

1. Satisfaction with your ward's performance:

A  B  C  D

2. Degree of improvement in the performance of your ward after three years of College:

i) Academic performance:

A  B  C  D

ii) Personality development:

A  B  C  D

iii) Social Awareness:

A  B  C  D

iv) Responsibility:

A  B  C  D

v) Overall conduct

A  B  C  D

3. Your opinion about:

i) Department:

A  B  C  D

ii) College Infrastructure:

A  B  C  D

iii) Office Support:

A  B  C  D

iv) College environment:

A  B  C  D

4. Suggestions, if any:-