

PSG/PV Feedback Form



| Feedl | back Type(Please Tick) | | | | | | | |
|----------|--|-----------------------|-------------------------------|-------------|--|--|--|--|
| | Comments | Questions | Observations | | | | | |
| Activi | ity Type(Please Tick) | | | | | | | |
| | 01 - School Activities (Like | e Children's Day, spo | orts Day etc) | | | | | |
| | 02 - Learning Journeys (Teacher's Assistant) | | | | | | | |
| | 03 - Recess Duty | | | | | | | |
| | 04 - Safety Marshal (pedestrain crossings near Gates B & F) | | | | | | | |
| | 05 - Enrichment activities (e.g. drawing, reading, career talk etc.) | | | | | | | |
| | 06 - Others (Please specify) | | | | | | | |
| Descr | ribe Feedback | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name | e(Dr/Mr/ <u>Mrs</u> /Mdm) | | | | | | | |
| Email | l ID | | | | | | | |
| Conta | act No | | | | | | | |
| Date | | | | | | | | |
| Kindly s | submit this form to Mrs Flor | ence Hatano at the | PSG room (Contact number : Hp | 9231 1661). | | | | |