

# MyBeeClub

## TEACHER FEEDBACK FORM



Kindly provide your feedback about the quality of our program. This feedback will help us to provide continual improvement to our system with highest quality. Please feel free to comment your concerns as well. We will be glad to hear any constructive criticism that will help to improve the quality of our system. This record will be kept confidential. Any feedback that you rank below 5, please provide details, that will be helpful. Please mark "N/A" if any line item is not applicable.

S.No	Description	Outstanding	V. Good	Good	Satisfactory	Poor
		5	4	3	2	1
1	Quality of the Program					
	Phonics					
	Drawing					
	Handwriting					
	Kids Yoga					
	Spoken English					
	YoungLead					
	Others					
2	Support from the fellow teachers					
3	Support from the Management Team					
4	Overall Ambience					
5	Cleanliness					
6	Classroom arrangements					
7	Safety of the school					
8	Are you able to follow the daily schedule and complete the program as planned? Provide details if your response is either "Yes" or "No".					

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9	Does this daily schedule help you to manage your time effectively? Provide details if your response is either "Yes" or "No".
10	Your suggestions to improve the quality of our programs and services (based on your observation since employment)
My Bee Club Programs	
Teacher Name	
Signature	
Date	
<b>FOR SCHOOL ADMINISTRATION USE</b>	
Review Period	
Improvement Needed	