

MyBeeClub

PARENT 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. **Please bring this along with you to the PTA meeting.**

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	Quality of the Staff - Instructor					
3	Quality of the Nannies (if any)					
4	Quality of the Front Office Person					
5	Parent - Teacher Communication					
6	Overall Ambience					
7	Cleanliness					
8	Classroom arrangements					
9	Safety					
10	What developments do you see in your child after this three month training program?					

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11	Your suggestions to improve the quality of our programs and services.	
12	What additional programs or activities you like us to provide for your children?	
Student Name & Program		
Parent Name		
Signature		
Date		
FOR SCHOOL ADMINISTRATION USE		
Review Period		
Improvement Needed		