PINE GROVE COLLEGE OF EDUCATION

Parents feedback proforma

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Academic session: _____ Date: _____
Name (optional): _____
Programme / role: _____

Rate each item from 1 to 5: 1 Poor, 2 Fair, 3 Satisfactory, 4 Good, 5 Excellent. Use N/A if you cannot assess it.

Feedback item	Rating / N/A
1. Clarity of college communication	
2. Information about academic progress	
3. Accessibility of teachers and administration	
4. Support provided to the student	
5. Learning facilities and resources	
6. Campus environment and safety	
7. Responsiveness to concerns	
8. Overall educational experience	

What worked well?

What should improve?

Submit the completed form to the college office. Personal identification is optional.