LORETTO BOYS’ HIGH SCHOOL, OSUSU UMUELENDU

 **Parent/Guardian feedback form**

Name of Student: Class:

Rate us on the following metrics by ticking a box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not Satisfied | Somewhat Satisfied | Satisfied | Very Satisfied |
| Quality of Education |  |  |  |  |
| Extracurricular activities |  |  |  |  |
| Teaching methods |  |  |  |  |
| School Safety |  |  |  |  |

Kindly tick against your preferred option

1. Are you pleased with his result?

Not satisfied

Somewhat Satisfied

Satisfied

Very satisfied

1. Did he improve? (Access him with class average)

Yes

Slightly

No

1. Which of the affective domain should he work on?
2. Which of the cognitive domain should he improve on?
3. Does he do his house chores?

Yes

Sometimes

No

1. Is he respectful?

Yes

No

1. Do you feel comfortable when he is at home?

Yes

No

1. Does he like going to Church?

Yes

Sometimes

No

1. Do you like his friend(s)

Yes

No

I don’t know his friends

1. Is he easily distracted by phone, computer, television, games, football etc?

Yes

Sometimes

Most of the times

No

1. Does he keep late nights

Yes

Sometimes

No

1. Comment generally about his behavior at home

|  |
| --- |
|  |

1. What would you like to suggest anything to us or comment or question on anything?

|  |
| --- |
|  |

Parent/Guardian Signature:…………..………….……………Date:……,,,,….….…………..

Signed by:……………………………..………………Phone Number………………………

NOTE THAT: Accurate feedback will help us more. Kindly, envelop and seal

Submit at the gate upon resumption or forward to our email: lorettoboysaba@gmail.com