



Feedback From Parents

Student's Name : _____

Parent's Name : _____

Name of School : _____ Class _____

Date of report : _____

1. Do you know about the e-learning classes attended by your child?
 Yes No
2. Do you note any of the following changes in your child's education after implementation of e-learning?

<input type="checkbox"/> Eagerness to go to school	<input type="checkbox"/> Improved understanding of school teaching
<input type="checkbox"/> Improved language skills	<input type="checkbox"/> Improved grades in assessments
<input type="checkbox"/> Others (please describe) _____	
3. Average attendance of your child
 - i. Before Installation of e-learning

<input type="checkbox"/> 1 day/week	<input type="checkbox"/> 3 days/ week
<input type="checkbox"/> 5 days/week	<input type="checkbox"/> Other (Please mention) _____
 - ii. After installation of e-learning

<input type="checkbox"/> 1 day/week	<input type="checkbox"/> 3 days/ week
<input type="checkbox"/> 5 days/week	<input type="checkbox"/> Other (Please mention) _____
4. Which class would you prefer your child to attend for improving learning abilities?
 - i. Only Teacher Instructed Class
 - ii. Teacher instructed class with the support of the E-learning software (Please explain above response.)
5. Is your child facing any problems in following the E-Learning classes? Please mention
6. Any suggestions to improve the E-Learning experience for your child?
7. Did you share your feelings or progress of child with any one (like teacher, other parents, VEC, SMC etc.)?
 Yes No