



Parent's Feedback Form

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?
 - Eagerness to go to school
 - Improved language skills
 - Others (please describe) _____
 - Improved understanding of school teaching
 - Improved grades in assessments
3. Average attendance of your child
 - i. Before Installation of E-learning
 - 1 day/week
 - 5 days/week
 - 3 days/ week
 - Other (Please mention) _____
 - ii. After installation of E-learning
 - 1 day/week
 - 5 days/week
 - 3 days/ week
 - 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