



ARMY PUBLIC SCHOOL GWALIOR

Morar Cantt, Badagaon Chauraha, Gwalior, (M.P.), PIN – 474006

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PARENT FEEDBACK FORM : PTM & ORIENTATION SESSION

Student Name : _____

Grade/Class : _____

Date of Session : _____

Name of Class Teacher : _____

Please rate us on the following metrics*

Parameters	Satisfactory	Good	Very Good	Excellent
Educational Standard				
Participation in Co-curricular activities				
Teaching pedagogy				
Quality of teachers and staff				
Communication with Parents				
Campus Hygiene and Cleanliness				
Facilities for children				
Campus safety and security				
Guidance & Counselling by the Counsellor & Special Educator when asked for				

- How would you rate the overall effectiveness of the PTM/Orientation session?
(a) Highly effective (b) Effective
(c) Moderately effective (d) Not effective
- How well did the session provide clear information regarding your child's academic progress?
(a) Very clear and informative (b) Clear and informative
(c) Moderately clear (d) Not clear at all
- How well did the session address your concerns regarding your child's education?
(a) Fully addressed (b) Partially addressed
(c) Minimally addressed (d) Not addressed
- How comfortable did you feel asking questions during the session?
(a) Very comfortable (b) Comfortable
(c) Uncomfortable (d) Very uncomfortable
- How effective were the communication methods used during the PTM/Orientation session?
(a) Highly effective (b) Effective
(c) Moderately effective (d) Not effective
- How would you rate the level of interaction and engagement from the teacher(s) during the session?
(a) Very engaging (b) Engaging
(c) Moderately engaging (d) Not engaging
- Did you receive enough information regarding co-curricular activities and their role in your child's development?
(a) Yes, sufficient information provided (b) Some information provided
(c) Minimal information provided (d) No information provided



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8. How satisfied are you with the institution's overall approach to student development (academic and social)?
- (a) Very satisfied (b) Satisfied
(c) Neutral (d) Dissatisfied
9. Do you think the school is meeting your expectations regarding your child's safety and well-being?
- (a) Fully meeting expectations (b) Mostly meeting expectations
(c) Partially meeting expectations (d) Not meeting expectations
10. How would you rate the clarity of the school's goals and educational vision presented during the session?
- (a) Very clear (b) Clear
(c) Somewhat clear (d) Not clear
11. Were your expectations for the session met?
- (a) Exceeded expectations (b) Met expectations
(c) Below expectations (d) Far below expectations
12. Do you have any suggestions for improving future PTM or orientation sessions?

13. Do you have any additional comments or feedback about the session or your child's experience at the school?

Thank you for your valuable feedback!

Name & Signature of the Parent's with Date