



DELHI TECHNOLOGICAL UNIVERSITY, DELHI

INTERNAL QUALITY ASSURANCE CELL

PARENT FEEDBACK FORM

Parent Name: _____ Student's name: _____ Course and Branch: _____

Year & Section : _____ Parent Contact No.: _____

Please tick the relevant option you feel most suitable. Also your suggestion/opinion about department/curriculum will be appreciated

Sr. No	Particulars	Strongly agree (5)	Agree (4)	Partially agree (3)	Disagree (2)	Strongly disagree (1)
1	My ward makes good progress at this department					
2	My ward is well looked after at this department					
3	My ward is taught well at this department					
4	This department responds well to my concerns raised.					
5	I receive valuable information from the department about my ward's progress					
6	I am aware of the department's vision, mission and its objectives					
7	I am aware of the Outcome Based Education practices of department					
8	I would recommend this university to another parent					

9. What is your general opinion about the department?

10. Any suggestions

Date: _____

Signature of the parent: _____