

**Department of Adult Continuing Education & Extension
University of Delhi**

Parent's Feedback Form

Student's Name: **DHAIRYA SACHDEVA**
 Course: **MA lifelong learning and extension**
 Year: **2nd**
 Enrolment Number: **22225719011**
 Name of the Parent/Guardian: **pooja Sachdeva**

S. No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Satisfactory (2)	Unsatisfactory (1)
1	The ambience of the department with respect to the facilities given to your ward			✓		
2	Fee structure and other expenses		✓			
3	Mentoring by and support from Departmental teachers.		✓			
4	Exposure as far as career orientation is concerned			✓	✓	
5	Resources provided to students by the Department				✓	
6	Fests, events, and extra-curricular activities arranged by the department				✓	
7	Communication at the department end regarding the regular performance of your ward		✓			
8	Career exposure and placement opportunities.				✓	
9	Library facilities		✓			
10	Learning experience of your son/ daughter in the department?		✓			
11	Hostel facilities				✓	
12	Security arrangements and safety measures in the Department	✓				
13	Anti-ragging and disciplinary measures in the Department.		✓			
14	Quality of food provided in the hostel mess/ cafeteria.				✓	
15	Overall academic and personality development of your ward after s/he joined the Department		✓			

Any Other Comments:
