

Parental Feedback Form for Virtual Parent-Teacher Meetings

Parent/Guardian Name

Student Name

Class/Grade

Email Address

Meeting Experience

How easy was it to join the virtual meeting? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How would you rate the communication with the teacher? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How satisfied are you with the information shared regarding your child's progress? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What can we improve about virtual parent-teacher meetings?

What did you like about the meeting?

Other Comments/Suggestions