

IN THE NAME OF ALLAH, THE MOST BENEFICENT, THE MERCIFUL

www.learnislam.org

ISLAMIC SCHOOL of STANFORD

Phone: 415-601-7217 (Sundays 9AM - 2PM only), 650-494-0315 (all other times)

Parent Feedback Form 2009-2010 (1430 - 1431)

{Please use just one form for the whole family Please DO NOT WRITE YOUR NAME}

Your Child(ren)'s Grade(s): _____

Please Rate between 1 to 10 with 10 being best and 1 being worst

a) Overall School Rating: _____

b) Overall Performance of Teachers: _____

c) Overall Performance of Administration: _____

d) Overall Quality of Curriculum: _____

e) Overall Quality of Books: _____

f) School Events (Ramadhan, Teacher Appreciation, etc): _____

g) School Assembly: _____

h) School Snacks (in the break): _____

i) Adult Classes: _____

1. Do you feel your child(ren) made significant progress during the year? YES / NO

2. Do you receive school information in a timely manner? YES / NO

3. In your opinion is the school well-organized? YES/NO

**4. In your opinion does the school staff treat everybody with respect and fairness?
YES / NO**

5. Is the School Fee (books/snacks included) appropriate? YES / NO

6. Did you receive timely feedback about your child's progress? YES / NO

7. Was the Entrance Fee for Events appropriate? YES / NO

8. Should the school continue to organize social events (Iftar, Teacher Appreciation, Eid, etc) Should any of the event be cancelled? Should any event be added?

Circle One: *TOO many Events* *Not Enough Events* *Just Right*

Cancel the Following Event: _____

Add the Following Event _____

Comments: _____

9. What are the 3 things you would most like to be changed?

Comments:

10. What would you like to be added to the school?

Comments:
