

Parent's Feedback Form

In order to help your child to learn better, we would like to collect your valuable feedback. Kindly fill up the following and return back to us.

Please rate the following with respect to the course which your child is taking:
(1 - unsatisfactory, 2 - acceptable, 3 - good, 4 - very good)

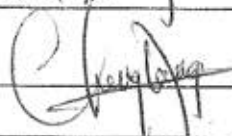
- | | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Does your child improve in creative writing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does your child improve in grammar and comprehension skills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Does your child find that the teaching materials are useful for school's assessments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Teacher's competency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Improvement after attending this course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Any other comments (e.g. does your child enjoy lesson, any comments on the particular teacher, how can we help your child to overcome his weakness etc.)

The size of the class is appropriate and it helps the right focus of teacher in each pupil's weaknesses.
Regular feedback to parents help in developing kids to improve in their Chinese learning.

Will you recommend our courses to others?

YES NO

Child's name: Benedict / Angolie Chia Parent's Name: Erica Wong
Parent's Signature:  Date: 11/11/2017

Note: By signing this form, consent will be given to Zhou's Academic Studio Pte Ltd to use the above information in any circumstances.