** **Channabasaveshwara Institute of Technology**

**ANNEXURE -III**

(Affiliated to VTU, Belgaum & Approved by AICTE, New Delhi)

(**ISO 9001:2015 Certified Institution)**

NH 206 (B.H. Road), Gubbi, Tumkur – 572 216. Karnataka.

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Teachers Meeting – Report**

**Academic Year – 2023/’24**

Meeting No.: 2023-24 / 01

Meeting Date: \_\_/\_\_/2023

Meeting Location: \_\_\_\_\_\_

Meeting Start:\_\_\_\_\_\_\_ AM

Meeting End:\_\_\_\_\_\_\_ AM

Recorded By: \_\_\_\_\_\_\_\_\_\_\_

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| **SL.NO** | **DESCRIPTION** | **PAGE NO.** |
| 1. | OBJECTIVES / AGENDA |  |
| 2. | CONDUCTION |  |
| 3. | DISCUSSIONS |  |
| 4. | REPORT ON PARENT TEACHER INTERACTION |  |
| 5. | FEEDBACK FROM PARENTS |  |
| 6. | PARENTS ATTENDANCE DETAILS |  |
| 7. | SIGNIFICANT OUTCOMES OF PARENT TEACHERS MEETING |  |
| 8. | CONCLUSION |  |
| 9. | ANNEXURE  FEEDBACK FORMS  SNAP SHOTS |  |

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**PARENTS TEACHERS MEETING – I/II**

**1. OBJECTIVES / AGENDA**

**2. CONDUCTION**

**3. DISCUSSIONS**

**4. REPORT ON PARENT TEACHER INTERACTION**

**5. FEEDBACK FROM PARENTS**

**6. PARENTS ATTENDANCE DETAILS**

|  |  |  |  |  |  |
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| **Sl.No** | **Student Name** | **USN** | **Parent/Guardian Name** | **Parent**  **Mobile No.** | **Occupation** |
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**7. SIGNIFICANT OUTCOMES OF PARENTS TEACHERS MEETING**

**8. CONCLUSION**

**ANNEXURE**

**I. FEEDBACK FORMS**

**II. SNAP SHOTS**

**III. TEACHING STAFF ATTENDED**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **Signature** |
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**IV. SUGGESTIONS / RECOMMENDATIONS** **FROM PROGRAMME CO-**

**ORDINATOR**

**Report Prepared**

**by**

(Signature with Date)

**Report Approved**

**by**

**Programme Coordinator H.O.D**

(Signature with Date) (Signature with Seal & Date)