ABC SCHOOL FEEDBACK FORM

UNIT/DISTRICT_____ NAME (OPTIONAL) _____

DATE_____ INSTRUCTOR(S) _____

HAVE YOU ATTENDED ABC SCHOOL BEFORE Y ☐ N ☐

WHY DID YOU DECIDE TO ATTEND TODAY?

_____

_____

WAS THE CLASS WHAT YOU EXPECTED? Y ☐ N ☐

WHY OR WHY NOT?

_____

_____

PLEASE RATE THE FOLLOWING 1- 10 (WITH 10 AS THE BEST)

INFORMATION PRESENTED _____ PRESENTATION _____

INSTRUCTOR KNOWLEDGE 1._____ 2. _____

WHAT CAN WE DO TO IMPROVE THE EXPERIENCE?

_____

_____

_____

WHAT IS ONE NEW THING YOU LEARNED TODAY?

_____

CAN WE CONTACT YOU TO DISCUSS YOUR COMMENTS? Y ☐ N

BEST CONTACT INFO _____

We appreciate your feedback. Please share what you learned today with members of your unit that were unable to attend!