

SURVEY RESULTS ROLLOUT MEETING EVALUATION

PARENT SATISFACTION

Please complete the following survey/evaluation at the end of the meeting. All information will be anonymous and confidential. We are sincerely interested in your opinion. There will be no retribution for candid remarks.

SCHOOL NAME _____

Directions: Please answer the following questions by circling the number that best represents your opinion.

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
I received the data from the survey in an open manner.	5	4	3	2	1
I was given an opportunity to provide input and feedback during the meeting.	5	4	3	2	1
We discussed and prioritized the next steps to be taken based on the survey results and our meeting.	5	4	3	2	1
I feel action will be taken by my leader.	5	4	3	2	1
I feel action will be taken by the Superintendent and assistant superintendents.	5	4	3	2	1

Comments:

Thank you for completing this survey. Your responses will be collected, sealed and delivered directly to the _____ Office.