

# Feedback Form

Dear Parents,

Please fill out this form at the end of the workshop to let me know if this was helpful to you and how I could have made it better or tailored it to your needs.

Thank You,  
Ms. Scotton

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1. How helpful was this workshop to you?

1	2	3	4	5
Not at all		Somewhat		Very

2. How informed do you now feel you are about the special ed process?

1	2	3	4	5
Not at all		Somewhat		Very

3. To what extent were your questions answered?

1	2	3	4	5
Not at all		Somewhat		Very

4. How could I have improved the workshop?

What other things would you have liked to learn about?

Comments:

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Name (optional): \_\_\_\_\_