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 **School Event Participant Feedback**

**School name**: **Date:**

**Event name**:

1. **I am:**  [] Parent [] Student family member [] Teacher [] Counselor [] School Administrator

 [] Community partner [] School staff [] Student [] District Administrator [] Other\_\_\_\_\_\_\_\_\_\_\_\_

1. **Check the activities you attended during this event:** [] Presentation [] Interactive workshop [] Group activity

[] Meal [] Student presentation [] Student performance [] Round table discussion [] Fair [] Other\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check one: | **Strongly****Agree** | **Agree** | **Disagree** | **Strongly****Disagree** |
| 1. I learned something that can help me support my student at this event.
 |  |  |  |  |
| 1. I feel better equipped to support my student now than I did before this event.
 |  |  |  |  |
| 1. I feel more comfortable talking with school staff than I did before.
 |  |  |  |  |
| 1. I was able to connect with other parents/families in a meaningful way at this event.
 |  |  |  |  |
| 1. This event was well organized.
 |  |  |  |  |
| 1. I am glad I came to this event
 |  |  |  |  |

1. **What was the most valuable information you learned at this event?**
2. **What did you enjoy most?**
3. **What improvements do you suggest?**

 **Thank you very much for your feedback!**