

Shasset Public Schools

Office of Student Services

Dear Parent, In an ongoing effort to ensure that our Team meetings are as informative, comprehensive, and effective as possible, we are asking for your feedback. As you have recently attended a Team meeting for your son/daughter, we would appreciate if you would take the time to complete this survey. Your candid responses are welcome. Please note the corresponding rating under each description.

Name of Chair Person: _____

Your Name (Optional): _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Team meeting was well organized	1	2	3	4	5
There was a sufficient amount of time allotted for the meeting and I did not feel rushed.	1	2	3	4	5
The Team evaluation was completed in a timely manner	1	2	3	4	5
The information presented at the Team meeting was presented in language I could understand	1	2	3	4	5
I felt the school personnel listened to my concerns	1	2	3	4	5
My concerns and questions were welcomed by the rest of the Team	1	2	3	4	5
The Team responded knowledgeably and professionally to my questions	1	2	3	4	5
The recommendations of the Team were expressed concisely and clearly	1	2	3	4	5
The Team's recommendations addressed all my concerns in a useful manner	1	2	3	4	5
I left the meeting fully understanding what the outcome is and what would happen next	1	2	3	4	5
Overall I was fully satisfied with the Team meeting	1	2	3	4	5
Please add additional comments or concerns:					