

Assessment Day Survey

* Required

1. What grade(s) are your children in? *

Check all that apply
Check all that apply.

- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4

2. Please mark agree or disagree for each item. *

Mark only one oval per row.

	Agree	Disagree
The sign up process for assessment days was user friendly.	<input type="radio"/>	<input type="radio"/>
I understand the purpose of assessment days.	<input type="radio"/>	<input type="radio"/>
Time spent at the school was reasonable.	<input type="radio"/>	<input type="radio"/>
I clearly understood where my child needed to be for each activity.	<input type="radio"/>	<input type="radio"/>
Our teacher's meeting started on time.	<input type="radio"/>	<input type="radio"/>
We had enough time to talk to the teacher.	<input type="radio"/>	<input type="radio"/>
Time spent with the classroom teacher was beneficial.	<input type="radio"/>	<input type="radio"/>

3. Were you adequately informed about assessment days? *

Check all that apply.

- Agree
- Disagree

4. In the future, what is the best way to communicate with your family? *

Mark only one oval.

- E-mail
- Automated phone message
- Letter in the mail

5. What did you like about assessment days?

.....

.....

.....

.....

.....

6. How could we improve assessment days?

.....

.....

.....

.....

.....

