

Sample Family Feedback Survey

Parent's Name (optional) _____

Tell Us What You Think Survey

Tell us what you're thinking about your child's and your experience in our school

I like . . .

I don't like. . .

I wish . . .

It would be great if . . .

I want you to know . . .

For the next time . . .

If I were involved, I would . . .

I had a question about . . .

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