



Grand Haven Area Public Schools
1415 Beechtree St., Grand Haven, MI 49417
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nora.ghaps.org

Thank you for taking a moment to complete this brief evaluation. Please print a copy, fill out and return it to our office as soon as possible. Your input is valuable in making this program successful for your child.

Activity Child Participated In: _____ Date of Activity _____

Participant Name (optional): _____ Age & Grade _____

School Activity was held: _____ Name of Instructor (if known): _____

1. Was this experience positive/negative for both you and your child? Explain.

2. What did you like/dislike about the format of instruction?

3. What changes would you like to see in the future?

4. What would you like to remain the same?

5. Where/How did you hear about the program? (check all that apply)
 Brochure Registration Flyer Spotlight TV5 Newspaper Radio Internet Friend
 Other - Explain _____

6. What's the best way for our department to communicate upcoming events?

7. Would you like a follow up call? (List Phone # _____) If you would prefer that we respond via email, please list your email address here. (email _____)

8. Please share any other comments/suggestions that you may have and thank you again for your time.