

# Feedback Form

Manitoba Education welcomes your response to the enclosed document and invites you to complete and return this feedback form.

Document Title: \_\_\_\_\_

Document Type: \_\_\_\_\_

1. Please indicate your role in the learning community.

Parent       Teacher       Resource Teacher       School Administrator       Counsellor

School Trustee       Division/District/Education Authority Administrator

Other: \_\_\_\_\_

2. Please indicate which format(s) of the document you used.

Print Copy       Online Posting       Both Formats

3. Please respond to each of the following statements by circling the applicable number.

The document content is	Strongly Agree	Agree	Disagree	Strongly Disagree
a. appropriate for its intended purpose	1	2	3	4
b. suitable for a variety of learning styles (e.g., visuals, graphics)	1	2	3	4
c. clear and well organized	1	2	3	4

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. How effectively does this document address the needs of your learning community or organization? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Explain which aspect(s) of the resource you found to be

a. most useful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. least useful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. May we contact you for further information?  Yes  No

If yes, please provide the following:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Thank you for taking the time to provide valuable feedback.**

Please return the completed feedback form to:

Director  
Instruction, Curriculum and Assessment Branch  
Manitoba Education  
1567 Dublin Avenue  
Winnipeg, MB R3E 3J5  
Fax: 204-945-5060

