

Feedback Form



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

Document Title: Bring Your Own Device Guide

Document Type: Support Document

1. Please indicate your role in the learning community.

- Parent Teacher Resource Teacher School Administrator Counsellor
- School Trustee School Division/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.

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: _____

Telephone: _____ Fax: _____

Thank you for taking the time to provide valuable feedback.

Please return the completed feedback form to:

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