Feedback Form

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

Document Title: Kindergarten to Grade 8 Drama: Manitoba Curriculum Framework of Outcomes

Document Type: Curriculum Framework

1. Please indicate your role in the learning community.
   □ Parent    □ Teacher    □ Resource Teacher    □ School Administrator
   □ 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.

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

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:

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