Feedback Form

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

Document Title:  
*Grades 9 to 12 Visual Arts: Manitoba Curriculum Framework*

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</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(e.g., visuals, graphics)</td>
<td></td>
<td></td>
<td></td>
<td></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.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

.../2
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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