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.

<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: ______________________________________________________________
   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