

Feedback Form



Manitoba Education and Training welcomes your response to the following 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 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.

Document Title: _____

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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: _____

Telephone: _____ 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 and Training
1567 Dublin Avenue
Winnipeg MB R3E 3J5
Fax: 204-945-5060