Feedback Form

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

Document Title:  Supporting Transgender and Gender Diverse Students in Manitoba Schools
Document Type:  Support

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.

<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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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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:

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