

**Parent-Teacher Partnerships for Student Success**

**Session Feedback**

Tell Us What You Think!

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Like all partnerships, information needs to flow back and forth to ensure partners’ needs are heard and addressed. We are interested in your feedback to improve this Parent-Teacher Partnerships session. Please take some time to respond to the two questions below. Please do not put your name on it. We are interested in your honest, candid feedback.

What new ideas, concepts, or skills did you learn during this Parent-Teacher Partnerships session?

How will today’s Parent-Teacher Partnership session change how you collaborate (with parents or teachers) to support your child(ren)/students’ learning?

*Thank you for your feedback! Please return this form to the facilitators.*

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