

***END OF YEAR SURVEY***

School \_\_\_\_\_ Principal \_\_\_\_\_

Business Partner \_\_\_\_\_

**Key Contact Persons:**

School \_\_\_\_\_ Phone# \_\_\_\_\_

Partner \_\_\_\_\_ Phone# \_\_\_\_\_

**List any activities with your Partner that has occurred this school year:**

-----  
-----  
-----

**List any activities with your Partner that are planned for next school year:**

-----  
-----  
-----

**List any suggestions for improvement of the Partnership:**

-----  
-----  
-----

**Please rate your satisfaction with your Partnership: (Circle one)**

Very Satisfied

Somewhat Satisfied

Very Dissatisfied

**My school would like to pursue a new Partnership.      YES      NO**

**Name of Potential School To Business Partner:**

\_\_\_\_\_

**Key Contact Person and phone number/email address:**

\_\_\_\_\_

**\*\* Please return this form to Mike Buckler at Dist**