



Name of Program: \_\_\_\_\_

**Please complete this survey within two weeks after the program ends and send it to Vicki Newhard, Allentown School District Foundation, 31 South Penn Street, P.O. Box 328, Allentown, PA 18105 or [newhardv@allentownsd.org](mailto:newhardv@allentownsd.org). Thank you for your participation in this program and for taking the time to complete the survey!**

1. Program Location/School:

2. Number of Student Participants:

3. Grade Level(s) of Participants:

4. Your Name (optional):

5. Title (optional):

- Principal
- Teacher
- Resident Artist
- Coach
- Volunteer
- Parent
- Other (please specify)

6. Email Address (optional):

7. Students gained meaningful knowledge and/or skills by participating in this program.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

8. Students provided positive feedback about this program.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

9. Program activities were appropriate for the students' grade level(s).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

10. This program enhances the regular curriculum.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

11. This program is aligned with Allentown School District (ASD) standards.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

12. This program should be offered again for ASD students.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Not Sure/Not Applicable

13. What were the best parts of this program?

14. What improvements would you suggest?

15. Is there anything else you would like to add?

16. Date Survey Completed: