COHASSET PUBLIC SCHOOLS

Special Education Department

Dear Parent,

In an ongoing effort to ensure that our Team meetings are as informative, comprehensive, and effective as possible, we are asking for your feedback. As you have recently attended a Team meeting for your son/daughter, we would appreciate if you would take the time to complete this survey. Your candid responses are welcome.

Name of Chairperson: _____ Your name (optional): _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
*The Team meeting was well organized.	1	2	3	4	5
*There was a sufficient amount of time allotted for the meeting and I did not feel rushed.	1	2	3	4	5
*The Team evaluation was completed in a timely manner	1	2	3	4	5
*The information presented at the Team meeting was/were presented in language I could understand.	1	2	3	4	5
*I felt the school personnel listened to my concerns.	1	2	3	4	5
*My concerns and questions were welcomed by the rest of the Team.	1	2	3	4	5
*The Team responded knowledgeably and professionally to my questions.	1	2	3	4	5
*The recommendations of the Team were expressed concisely and clearly.	1	2	3	4	5
*The Team's recommendations addressed all of my concerns in a useful manner.	1	2	3	4	5
*I left the meeting fully understanding what the outcome was and what would happen next.	1	2	3	4	5
*Overall, I was fully satisfied with the Team meeting.	1	2	3	4	5

Please add additional comments or concerns:

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Thank you for your time and assistance. Please return this form to: Barbara Cerwonka, Director of Student Services
143 Pond St., Cohasset, MA 02025