Dear Parents,

To help the Extended School Services teachers improve and determine the effectiveness of the ESS program, please take a moment to complete this survey.

Thank You

ESS Building Coordinator

______ Yes, I feel the services provided for my child have helped him/her to become a better student in the referred area.

______ No, I do not feel the services provided for my child have helped him/her become a better student in the referred area.

__________________________  ____________________
Parent’s Signature       Date

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________