How Are We Doing?

*We would like to know how your visit was. Please take a moment to complete this brief survey. Your feedback is very important to us!*

1. Did you feel welcomed at our school?

2. Did our staff help you?

3. Did you find what you were looking for easily?

4. Was the signage in the building helpful?

5. Were you treated respectfully?

6. Overall, how would you rate your visit?

Excellent

Good

Poor

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

**If you would like someone to contact you about your visit, please leave your name and phone number.**

If you have additional comments, feel free to use the back of this card.

Thank you!

**Name:**

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