



GEAR UP Parent Feedback Form

(To be completed by GEAR UP Coordinator)
 High School:
 Date of event (mm/dd/yyyy):
 Name of event:
 NOS code:

Thank you for attending this GEAR UP event. Your involvement makes a meaningful difference in your student's success. Please give us some feedback so we can keep improving our work.

1. Please evaluate the quality of this GEAR UP event by filling in the corresponding bubble like this: ●

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This event gave me some help or information I needed.	⑤	④	③	②	①
This event helped me to prepare my child for entering and succeeding in college or a career.....	⑤	④	③	②	①
	Excellent	Good	OK		Bad
Overall, the quality of this GEAR UP event was.....	Ⓔ	Ⓖ	⓪		Ⓑ

2. What did you find most helpful about this event?

3. How could this event be improved?

4. What additional information do you need from us to support your student's success?

5. Your student's name (Optional): _____.

Thank you! Please return the form before you leave.