



## Fall River Parent Academy Instructor Feedback Form

**Course Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

Please take a moment to tell us about your recent experience with the Fall River Parent Academy. Your feedback is very important to us and will help us improve our partnership efforts and the effectiveness of our offerings.

	Rating Scale				Comments
	4 Very Satisfied	3 Satisfied	2 Dissatisfied	1 Very Dissatisfied	
1. Ease of Communication and Partnering with FRPA					
2. Facility/Location					
3. Overall Participant Attendance and Engagement					

1. What did you like most about teaching the course? What activities and/or materials worked particularly well?

2. What would you change about the course, or what would you do differently in the future?

3. Are you currently scheduled to teach any additional courses through the Parent Academy?  Yes  No  
If yes, which course(s)? If no and you are interested in teaching another course, please describe below.

4. Do you have any suggestions for us that will help us make the Fall River Parent Academy better?

Please submit this form online at [www.fallriverparentacademy.org](http://www.fallriverparentacademy.org), or scan and email your completed form to Barbara Allard at [ballard@fallriverschools.org](mailto:ballard@fallriverschools.org) when your course/workshop is finished.

**Thank You!!**