



**Spirit Creek Middle School
Parental Input/Feedback**



Compact Changes	Policy Changes	Title I Budget	Title I Schoolwide Plan	Building Staff Capacity
Suggested Changes/Comments/ Questions _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Suggested Changes/Comments/ Questions _____	Suggested Changes/Comments/ Questions _____	Suggested Changes/Comments/ Questions _____	Suggested Changes/Comments (What staff members and leaders need to know in order to support parents with helping their child be successful?) _____
Please circle your choice: Was Session Helpful? Yes No	Was Session Helpful? Yes No	Was Session Helpful? Yes No	Was Session Helpful? Yes No	Was Session Helpful? Yes No

Parent/Guardian _____ Phone _____ Email _____

Name of Child's School _____ Grade(s) _____