

COULD YOU PLEASE SHARE JUST 5 MINUTES WITH US?

Parents - We would really appreciate your help in writing something short (150 words or less) regarding your experience at Creative Frontiers! It doesn't have to be perfect either (as we will proof read for content, grammatical and spelling errors). **We are updating our website and have started collecting testimonials for publication.** We will use these (anonymously only!) on various websites including ours for the benefit of the school. **We have been a predominately word-of-mouth school and are orchestrating this now for new and/or interested parents.**

You can either go to **www.creativefrontiers.com** & click the link for parent comments, or complete the enclosed form below and submit it to the office. **Thank you for your help!**

This means a lot to us, as well as prospective parents! Please keep in mind that you can use the school's website's e-mail link to let us know if you have anything you would like us to address.

Thanks for your help!

PARENT NAME: _____ E-MAIL ADDRESS: _____

Parents: Please summarize your experience below: (150 words or less is perfect!)

Parents: Please rate us below!

	Lowest ← → Highest					
<u>Administrative leadership:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
<u>Teacher quality:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
<u>Special activities:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
<u>Parent involvement:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
<u>Safety and discipline:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
<u>Overall quality:</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Don't know <input type="checkbox"/>
	Lowest ← → Highest					