Goal #2

Goal #3

Goal #4



## **Family Feedback Form**

Children's disABILITY Serv skills during the summer mo services that best meet the	onths. Your fee	edback in this	anonymous an	•	•					
ge of your Child: Grade Completed: City or Town where you live:										
City or Town where the pro	gram took place	e:								
Type of Programming: ☐ Self-managed ☐ Home/Community-based activities ☐ Camp Title:										
Length of Summer Skills M	aintenance:									
What were the Summer Skill Maintenance service goals for your child?										
1)					ted above:					
Goal	Not at all	To a limited extent	Somewhat	To a great extent	Completely	Not applicable				
Goal #1										

- 2. What benefits did your child experience from participation in the Summer Skill Maintenance service?
- 3. Were there parts of the Summer Skill Maintenance service that did not work well for your child?

a. Transportation:	☐ Yes	☐ No			
If yes, please elaborate:					
•	□ Yes	□ No			
	☐ Yes	□ No			
<b>d.</b> Location:  If yes, please elaborate:	□ Yes	□ No			
e. Suitability of Program If yes, please elaborate:	-				
	es 🗆 N				
Did you find the end of s How could the end of su	·	•	□ No	☐ Somewhat	
How many years has yo Gap?		ted in Summer Skill Ma	intenance progra	amming (previously called	d Summ
		ted in Summer Skill Ma	intenance progra	amming (previously called	d Sur

**4.** What changes would you make to Summer Skill Maintenance?

Please contact your Community Services Worker if you would like to discuss your child's experience with the Summer Skill Maintenance service.