

# Please Return to Front Office by August 23rd, 2019

## School Improvement Plan (SIP) Feedback Form

Name: \_\_\_\_\_

Postal or Email Address: \_\_\_\_\_

**1. What do you like about the draft School Improvement Plan?**

**2. In what ways could the SIP be improved?**

**3. Are there other key activities you believe should be included under any of the initiatives?**

- 4. Do you have any suggestions regarding the proposed process for increasing student achievement?**

- 5. Are you aware of any activities (e.g. research) currently underway that could directly contribute to the achievement of any of the initiatives or key activities?**

**Thank you for your feedback.**