**Please circle your answer to each of the following questions about the Flexible Learning Program (FLP) at (INSERT NAME OF SCHOOL).**

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| 1. Have you been satisfied with the Flexible Learning Program (FLP)? | **YES** | **NO** | **Don’t Know** |
| 1. Do you think the FLP (additional instruction) your child received this year has been helpful? | **YES** | **NO** | **Don’t Know** |
| 1. Since participating in the FLP (additional instruction), have you seen an improvement in your child’s grades? | **YES** | **NO** | **Don’t Know** |
| 1. Since participating in the FLP (additional instruction), have you seen an improvement in your child’s attitude about school and learning? | **YES** | **NO** | **Don’t Know** |
| 1. Do you like the FLP being offered during the regular school day? | **YES** | **NO** | **Don’t Know** |
| 1. Have the progress reports from the FLP program helped you have a better understanding of your child’s performance/progress? | **YES** | **NO** | **Don’t Know** |
| 1. Do you feel free to contact your child’s FLP teacher with questions about your child’s lessons and progress? | **YES** | **NO** | **Don’t Know** |
| 1. Would you recommend this program to other parents? | **YES** | **NO** | **Don’t Know** |

Please share your suggestions or comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_