## 2022 Project PEAK Parent/Guardian Survey and Feedback Form **Minimal** Insert your name here and your child's grade level. No Good Great **Experience Experiences Experiences Experiences** 1. Prior to taking this Project PEAK class, how much experience did vour child have with the content being presented? 2. After participating in this Project PEAK class, has your child gained new skills and experiences to be more confident in learning? 3. Prior to the Project PEAK class, how confident was your child to ask questions or ask for help on the topic(s) the class offered? 4. After your child has now participated in this Project PEAK class, is your child participating in more in-depth conversations on the class topics in the home environment? 5. After the Project PEAK class, has your child continued to showcase their new learning skills within the home environment? 6. Has the Project PEAK class improved your child's daily interactions and improved attendance within your local school system?

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Insert your name here and your child's grade level.	No Experience	Minimal Experiences	Good Experiences	Great Experiences
	1	2	3	4
7. On a scale of 1-4, how would you rate the quality of instruction from the Project PEAK instructor(s) and UTE elders?				
8. As a parent and/or guardian, what was your favorite part of the Project PEAK class that you noticed that excited your child's personal interests and hands-on learning experiences?				
9.What improvements would you like to see from a parents or guardians viewpoint to improve the future Project PEAL offerings of educational student classes?				

10. Do you have any further questions, suggestions you would like to share, or future class offerings you would like Project Peak to offer at your child's grade level?