

Little Blessings Team End of Year Feedback

NAME: _____

Because you are a valuable member of our Bible2School® Team, we know we get our best ideas from you to keep our program running with **Excellence** for God and for the children. **Please rate the following areas of our program by circling the appropriate number and give us your comments & suggestions:**

	1= poor; 3= good; 5=great	<u>Comments /Suggestions</u>
VIP Time	1 2 3 4 5	
Pick up/Drop off of Children	1 2 3 4 5	
Structure	1 2 3 4 5	
Facilities	1 2 3 4 5	
Staff Support	1 2 3 4 5	

Your Experience	1 2 3 4 5	

Who would you refer to join our team next year?

Name: _____

Contact info: _____

COMMENTS:

Thank you for taking the time to give us your valuable feedback.

See you in the Fall!