



FALLS CALENDAR FEEDBACK

ID NUMBER:

FORM CODE:

DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Form Return Date: / /
Month Day Year

0b. Staff ID:

1. I thought the falls calendar was easy to fill out.

- Y Yes
- N No

2. I thought returning the falls calendar in the mail was easy.

- Y Yes
- N No

3. I would encourage my family or friends to use the falls calendar.

- Y Yes
- N No

4. I would complete the falls calendar again if asked.

- Y Yes
- N No

5. Please provide any suggestions about how we can improve the calendars.
