## **Feedback Survey**

Date:					

Name (Optional):						
Phone Number (Optional):						
Email (Optional):						
Note: Indicate your feedback by checking the box under the appropriate rating.						
Feedback Items	Very Good	Good	Fair	Poor	Very Poor	
	<u>I</u>	I	<u> </u>	l	<u> </u>	
Vhat you liked most: What we could do better:						