



AMVET PTO

FEEDBACK FORM ● EVENT NAME: _____

Please complete this form if you attended the event. Once completed, please return it to the Event Coordinator. We appreciate your time and value your feedback! Your input will assist the PTO with coordinating this event in the future.

Date of Event: ____ / ____ / ____

Please circle the number that best represents your **OVERALL** assessment of the event:

1 2 3 4 5 6 7 8 9 10

*Least
Liked*

*Most
Liked*

Please explain what you liked **MOST** about the event:

Please explain what you liked **LEAST** about the event:

Please share your thoughts and ideas for how to improve the event:

~ Thank you for your feedback!

~ We appreciate your input!

More lines on
back if needed





FEEDBACK FORM • CONTINUED

~ Please return this form to the Event Coordinator ~
Your feedback is greatly appreciated!