

Morning Math Feedback Form

Grade of Child: _____

1. What made this event something you wanted to attend? (Check all that apply.)

- ☐ Timing of event. (_____ **a.m./p.m.** – _____ **a.m./p.m.**)
- ☐ Day the event was offered. (**M / T / W / TH / F / S / SU**)
- ☐ Time of year of event. (**Fall / Winter / Spring / Summer**)
- ☐ The advertising was convincing.
- ☐ My child wanted me to come.
- ☐ It was about helping parents understand today's math.
- ☐ Other: _____

2. What did you learn from your visit about today's math?

3. What questions do you have about today's math?