Survey Planning – 2015
Dubbo South Public School

Name: (Optional) __________________________________________________________

Students Years: ________________________________________________________

Please use the reverse side of this form if you do not have enough space below.

1) Name 3 areas that you think we do well at Dubbo South Public School (programs, classes, extra support and/or extra-curricular).

   a.  ____________________________________________________________________

   b.  ____________________________________________________________________

   c.  ____________________________________________________________________

2) What 3 areas or programs would you like Dubbo South Public School to be known for in 3 years?

   a.  ____________________________________________________________________

   b.  ____________________________________________________________________

   c.  ____________________________________________________________________

3) What other suggestions would you like to make in regard to making positive differences at Dubbo South Public School for your children/child?

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