



10. Do you have any suggestions for Professional Development for our teachers? \_\_\_\_\_

\_\_\_\_\_

11. What are areas of need for the district?

Suggestions/Comments: \_\_\_\_\_

\_\_\_\_\_

Would you like someone to contact you regarding your responses on this survey? \_\_\_ Yes \_\_\_ No

Parent(s) Name: \_\_\_\_\_

Best method to contact you (phone or email): \_\_\_\_\_

Your Child's Teacher and Grade: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your participation 😊*

Northern Tioga School District  
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