Please fax this form to Mary Latchaw at 517-543-4870.

Name(s):_____

School:_____ **District:**_____

Middle School PAL Program Feedback Form
(July 1, 2010 through June 30, 2011)

1. What has been positive about the PAL program in the past year?

2. What has been negative about the PAL program in the past year?

3. In order to improve our program, what needs to be changed? Please state ideas for how it could be changed also.

4. What additional assistance do you need from PPS for your PAL program?

5. Additional comments: