 **Parent Rep Meeting Feedback Form** 

Please complete this form following your attendance within 2 weeks of the meeting taking place. Please return completed form to: ppvadmin@p-d-f.org.uk

**Feedback From Event or Meeting Attended**

|  |  |
| --- | --- |
| **Name of Volunteer:**  |  |
| **Title of the meeting:** |  |
| **Date the meeting took place:**  |  |
| **Date of next meeting:** |  |

**Purpose of the meeting (Please give short summary):**

**Main areas of discussion:**

**Actions for ............................(Forum) by ..........................(Deadline)**

**Do you feel that this meeting was useful?**

**Yes No**

**How can it be improved?**

Office only:

Economic Value Given = £.......... (Voucher)

Receipt no: